

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091709

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** ALLAPATTAH INVESTMENT PROPERTIES, LLC

**Current Principal Place of Business:**

12950 WEST STATE RD. 84  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551661  
FT. LAUDERDALE, FL 33325

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALBIN, KENNETH  
12950 W. STATE RD. 84  
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALBIN, KENNETH  
Address: P.O. BOX 551661  
City-St-Zip: FT. LAUDERDALE, FL 33355

Title: MGRM ( ) Delete  
Name: ALBIN, LISA  
Address: P.O. BOX 551661  
City-St-Zip: FT. LAUDERDALE, FL 33355

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** KENNETH S. ALBIN

MGMR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date