

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004987

Entity Name: 2690 SW 22 STREET, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2690 SW 22 STREET
SUITES 1-8
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

6915 RED ROAD
215-A
CORAL GABLES, FL 33143

New Mailing Address:

2780 SW 37TH AVE
SUITE 207
MIAMI, FL 33133

FEI Number: 20-2246954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALAM, TONI H
6915 RED ROAD
SUITE 215-A
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

ALAM, TONI H
2780 SW 37TH AVE
SUITE 207
MIAMI, FL 33133 US

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: TONI H ALAM

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALAM FAMILY PARTNERSHIP AOA
Address: 12005 SW 100 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: PACIFIC CABLE TELEVISION INC
Address: 396 ALHAMBRA CIR #100
City-St-Zip: CORAL GABLES, FL 33134

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: TONI H ALAM

MGRM

05/01/2009

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