2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015434

Entity Name: TESORO INVESTMENTS, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% 2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD.

SUITE 1100 **SUITE 1100** CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

% 2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD. SUITE 1100 **SUITE 1100**

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

FEI Number: 20-2352324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DADY, ROBERT E ESQ BUCHSBAUM, FRED 201 ALHAMBRA CIR. SUITE 601 15715 SOUTH DIXIE HIGHWAY

CORAL GABLES, FL 33134 SUITE 325 PALMETTO BAY, FL 33157 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: FRED BUCHSBAUM 03/20/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition

LUCAS, HOWARD LUCAS, HOWARD Name: Name:

% 2121 PONCE DE LEON BLVD. Address: 2121 PONCE DE LEON BLVD., SUITE 1100 Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete Title: MGR (X) Change () Addition

BUCHSBAUM, FRED Name: BUCHSBAUM, FRED Name: Address: 13627 DEERING BAY DRIVE UNIT 804 Address: 15715 SOUTH DIXIE HWY, SUITE 325

City-St-Zip:

CORAL GABLES, FL 33158 City-St-Zip: PALMETTO BAY, FL 33157

Title: () Delete Title: MGR () Change (X) Addition

PRICE, JEROME Name: Name:

2121 PONCE DELEON BLVD., SUITE 1100 Address: Address:

City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: MGR () Change (X) Addition

Name: Name: BUDWICK, MICHAEL Address: Address: 45 NW 5 ST., SUITE 3000

City-St-Zip: City-St-Zip: MIAMI, FL 33131

Title: () Delete Title: MGR () Change (X) Addition

LOEB, EDWARD Name: Name: 10 EDGEWATER DRIVE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133

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: FRED BUCHSBAUM 03/20/2009