

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018793

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: SYBARITE INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

7910 HARBOR ISLAND DR.  
502B  
N. BAY VILLAGE, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

7910 HARBOR ISLAND DR.  
502B  
N. BAY VILLAGE, FL 33141

**New Mailing Address:**

FEI Number: 38-3717396      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:**

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

LOSADA, JOELYN C  
7910 HARBOR ISLAND DR.  
502B  
N. BAY VILLAGE, FL 33141 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOSADA, JOELYN C  
Address: 7910 HARBOR ISLAND DR. #502B  
City-St-Zip: N. BAY VILLAGE, FL 33141

Title: MGR ( ) Delete  
Name: LEVY, ANDREW  
Address: 7910 HARBOR ISLAND DR. #502B  
City-St-Zip: N. BAY VILLAGE, FL 33141

**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: JOELYN LOSADA

MGR

06/15/2009

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