

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038475

Entity Name: 3 B ACQUISITIONS, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

3670 EAST 10TH COURT
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

3670 EAST 10TH COURT
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 20-2998892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANDES, MARC E ESQ
3670 EAST 10TH COURT
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

BRANDES, MARC E ESQ
2900 GLADES CIRCLE
SUITE 700
WESTON, FL 33309 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: MARC E. BRANDES

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BIRNBAUM, STEVEN P
Address: 3670 EAST 10TH COURT
City-St-Zip: HIALEAH, FL 33013

Title: MGRM () Delete
Name: BIRNBAUM, STEVEN
Address: 3670 E 10TH COURT
City-St-Zip: HIALEAH, FL 33013

Title: MGRM () Delete
Name: BIRNBAUM, JEFFREY
Address: 3670 E 10TH COURT
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES:

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

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: JEFFREY BIRNBAUM

MGRM

01/21/2009

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