

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043803

FILED
Apr 06, 2009
Secretary of State

Entity Name: LLPB INVESTMENTS, L.L.C.

Current Principal Place of Business:

150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130

New Principal Place of Business:

2101 BRICKELL AVENUE
#310
MIAMI, FL 33129

Current Mailing Address:

150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130

New Mailing Address:

550 PUERTA AVENUE
CORAL GABLES, FL 33143

FEI Number: 20-2783472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREED, OWEN S
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

FREED, OWEN S
550 PUERTA AVENUE
CORAL GABLES, FL 33143 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:

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: BENTIN, LUIS P
Address: 2101 BRICKELL AVE, # 310
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: BENTIN, PATRICIA
Address: 2101 BRICKELL AVE
City-St-Zip: MIAMI, FL 33126

Title: VP () Delete
Name: BENTIN, PATRICIA
Address: 2101 BRICKELL AVE
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: FREED, OWEN S
Address: 150 W FLAGLER ST, STE 2200
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: FREED, OWEN S
Address: 150 W FLAGLER ST, STE 2200
City-St-Zip: MIAMI, FL 33130

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:

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: OWEN S. FREED

MGR

04/06/2009

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