2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# L05000045867

Entity Name: 840 PROPERTY INVESTMENT, L.L.C.

Current Principal Place of Business:

840 W 84 STREET
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

840 W 84 STREET
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 20-2817326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

NOVALES, RAUL A
840 W 84 STREET
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

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: NOVALES, RAUL A
Address: 6315 GAGE PL NO 104
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete
Name: NOVALES, RAUL P
Address: 16425 FOX-DEN CT
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete
Name: NOVALES, BRAULIO J
Address: 1015 W 60TH ST
City-St-Zip: HIALEAH, FL 33012

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: RAUL A NOVALES MGR 05/15/2009

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