

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047584

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** INTERNATIONAL PROPERTY HOLDINGS, LLC

**Current Principal Place of Business:**

910 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

3671 NORTH 52 ND. AVENUE  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

900 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**New Mailing Address:**

3671 NORTH 52 ND. AVENUE  
HOLLYWOOD, FL 33021 US

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

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

FEIN, STEVEN A ESQ.  
900 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 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: GOLDSTEIN, DANIEL  
Address: 910 SOUTH STATE ROAD 7  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GOLDSTEIN, DANIEL  
Address: 900 SOUTH STATE ROAD 7  
City-St-Zip: PLANTATION, FL 33317

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: DANIEL S. GOLDSTEIN                      MGR                      03/23/2009

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