

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055882

FILED  
Mar 10, 2009  
Secretary of State

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

## Current Principal Place of Business:

220 LAKEVIEW DRIVE  
SUITE # 209  
WESTON, FL 33326 US

## New Principal Place of Business:

## Current Mailing Address:

220 LAKEVIEW DRIVE  
SUITE # 209  
WESTON, FL 33326 US

## New Mailing Address:

FEI Number: 20-2954756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARRERO, JOSE C  
1820 NORTH CORPORATE LAKES BLVD  
SUITE # 304  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

MARRERO, JOSE C  
1200 BRICKELL AVENUE  
SUITE # 505  
MIAMI, FL 33131 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: JOSE C. MARRERO, ESQ.

03/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEON SARATOWICZ, ANDRES  
Address: 220 LAKEVIEW DRIVE, UNIT #209  
City-St-Zip: WESTON, FL 33326 US

Title: MGRM ( ) Delete  
Name: DE SARATOWICZ, LUZ MARIA  
Address: 220 LAKEVIEW DRIVE, SUITE # 209  
City-St-Zip: WESTON, FL 33326 US

## 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: ANDRES LEON SARATOWICZ

MGRM

03/10/2009

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