

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073235

Entity Name: CUBE CAPITAL LLC

FILED
Apr 12, 2008
Secretary of State

Current Principal Place of Business:

999 BRICKELL AVENUE
SUITE 1002
MIAMI, FL 33131

New Principal Place of Business:

2801 SW 3RD AVENUE
MIAMI, FL 33129

Current Mailing Address:

999 BRICKELL AVENUE
SUITE 1002
MIAMI, FL 33131

New Mailing Address:

2801 SW 3RD AVENUE
MIAMI, FL 33129

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETHENCOURT, LUIS
999 BRICKELL AVENUE
SUITE 1002
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BETHENCOURT, LUIS
2000 SW 3RD AVENUE
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: LUIS BETHENCOURT

04/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BETHENCOURT, LUIS
Address: 340 W HEATHER DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: CUPELLO, ANABELLA
Address: AV. ABRAHAM LINCOLN, TORRE LINCOLN, P.3-H
City-St-Zip: CARACAS, DF 1050 VZ

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BETHENCOURT, LUIS
Address: 2000 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33131

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: LUIS BETHENCOURT

MGR

04/12/2008

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