

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100707

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PIER 44, LLC

## Current Principal Place of Business:

2560 NE 190 STREET  
UNIT # 3  
MIAMI, FL 33180 US

## New Principal Place of Business:

2560 NE 190 STREET  
3  
MIAMI, FL 33180 US

## Current Mailing Address:

2560 NE 190 STREET  
UNIT # 3  
MIAMI, FL 33180 US

## New Mailing Address:

2560 NE 190 STREET  
3  
MIAMI, FL 33180 US

FEI Number: 20-3714795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEOPOLD,KORN, LEOPOL, PA ATTORNEYS  
20801 BISCAYNE BLVD  
SUITE # 501  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

GAMBURD, DANIEL A  
2560 NE 190 STREET  
3  
AVENTURA, FL 33180 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: DANIELGAMBURD

04/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WAISSMANN, SERGIO  
Address: 2560 NE 190 STREET  
City-St-Zip: MIAMI, FL 33180 US

Title: MGRM ( ) Delete  
Name: GAMBURD, DANIEL  
Address: 2560 NE 190 STREET  
City-St-Zip: MIAMI, FL 33180 US

Title: MGRM ( ) Delete  
Name: HOBERMAN, PABLO  
Address: 2560 NE 190 STREET  
City-St-Zip: MIAMI, FL 33180 US

## 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: DANIELGAMBURD

MGRM

04/14/2009

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