2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# L05000104308

Entity Name: ALIZUL PROPERTIES L.L.C.

Current Principal Place of Business:

814 PONCE DE LEON BLVD STE 40
MIAMI, FL 33134

New Principal Place of Business:

814 PONCE DE LEON BLVD STE 400
CORAL GABLES, FL 33134

Current Mailing Address:

814 PONCE DE LEON BLVD STE 40
PO BOX 441927
MIAMI, FL 33134

New Mailing Address:

814 PONCE DE LEON BLVD STE 400
CORAL GABLES, FL 33134

FEI Number: 06-1765353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ, ZULLY
814 PONCE DE LEON BLVD STE 400
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

RUIZ, ZULLY
814 PONCE DE LEON BLVD STE 400
CORAL GABLES, FL 33134 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: _____ 02/26/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RUIZ, ZULLY
Address: 814 PONCE DE LEON BLVD STE 400
City-St-Zip: MIAMI, FL 33134

Title: MGRM ( ) Delete
Name: GARCIA, ALINA
Address: 8440 GRAND CANAL DRIVE
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RUIZ, ZULLY
Address: 814 PONCE DE LEON BLVD STE 400
City-St-Zip: CORAL GABLES, FL 33134

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: ZULLY RUIZ MGRM 02/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date