

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015796

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: CHINEY B INVESTMENTS LLC

**Current Principal Place of Business:**

21130 SW 87 AVE  
SUITE 308  
MIAMI, FL 33189 US

**New Principal Place of Business:**

**Current Mailing Address:**

21130 SW 87 AVE  
SUITE 308  
MIAMI, FL 33189 US

**New Mailing Address:**

FEI Number: 20-4318452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORGAN, MARVEASHA  
21130 SW 87 AVE  
SUITE 308  
MIAMI, FL 33189 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: MGRM ( ) Delete  
Name: MORGAN, MARVEASHA  
Address: 21130 SW 87 AVE  
City-St-Zip: MIAMI, FL 33189 US

Title: MGRM ( ) Delete  
Name: CHANG, ALISON  
Address: 21130 SW 87 AVE  
City-St-Zip: MIAMI, FL 33189

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORGAN, MARVEASHA  
Address: 21130 SW 87 AVE, #308  
City-St-Zip: MIAMI, FL 33189 US

Title: MGRM (X) Change ( ) Addition  
Name: CHANG, ALISON  
Address: 21130 SW 87 AVE, #308  
City-St-Zip: MIAMI, FL 33189

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: MARVEASHA MORGAN

MGRM

02/16/2009

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