

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016446

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: EXHIBIT PROPERTIES, LLC

## Current Principal Place of Business:

430 ANSLIN BLVD STE AA  
HALLANDALE, FL 33009

## New Principal Place of Business:

430 ANSLIN BLVD  
STE AA  
HALLANDALE, FL 33009

## Current Mailing Address:

430 ANSLIN BLVD STE AA  
HALLANDALE, FL 33009

## New Mailing Address:

430 ANSLIN BLVD  
STE AA  
HALLANDALE, FL 33009

FEI Number: 51-0579638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEINBERG, ERIC  
430 ANSLIN BLVD STE AA  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

WEINBERG, ERIC  
430 ANSLIN BLVD  
STE AA  
HALLANDALE, FL 33009 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:

01/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WEINBERG, ERIC  
Address: 430 ANSLIN BLVD STE AA  
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Delete  
Name: LITSKY, WAYNE  
Address: 430 ANSLIN BLVD STE AA  
City-St-Zip: HALLANDALE, FL 33009

## 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: WAYNE LITSKY

CFO

01/05/2009

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