2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L06000017647

Entity Name: CB DEVELOPERS LLC

Current Principal Place of Business:

1560 S. DIXIE HWY., SUITE 211
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1560 S. DIXIE HWY., SUITE 211
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-8410525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAGG, K. LAWRENCE
% WHITE & CASE LLP
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131 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:	TVP	( ) Delete
Name:	EISENACHER, HAROLD	
Address:	1560 S. DIXIE HWY, SUITE 211	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	DPT	( ) Delete
Name:	CARR, JAMES M	
Address:	1560 S. DIXIE HWY., SUITE 211	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	DSVP	( ) Delete
Name:	BARBARA, OSCAR	
Address:	1560 S. DIXIE HWY. SUITE 211	
City-St-Zip:	CORAL GABLES, FL 33146	

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: HAROLD EISENACHER VP 04/06/2009

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