2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# L06000042604

Entity Name: IITB REALTY, L.L.C.

Current Principal Place of Business:

1601 NORTH FLAMINGO ROAD
PEMBROKE PINES, FL 330281004

New Principal Place of Business:

1601 NORTH FLAMINGO ROAD
SUITE 2
PEMBROKE PINES, FL 330281004

Current Mailing Address:

1601 NORTH FLAMINGO ROAD
PEMBROKE PINES, FL 330281004

New Mailing Address:

1601 NORTH FLAMINGO ROAD
SUITE 2
PEMBROKE PINES, FL 330281004

FEI Number: 20-4778758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, STUART A
1601 NORTH FLAMINGO ROAD
PEMBROKE PINES, FL 330281004 US

Name and Address of New Registered Agent:

COHEN, STUART A
1601 NORTH FLAMINGO ROAD
SUITE 2
PEMBROKE PINES, FL 330281004 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: 02/06/2008

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WOLACH, IDANIA C
Address: 1601 NORTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 330281004

Title: MGRM ( ) Delete
Name: COHEN, GAIL C
Address: 1601 NORTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 330281004

Title: MGR ( ) Delete
Name: REYES, MIGUEL A
Address: 1601 NORTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 330281004

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WOLACH, IDANIA C
Address: 1601 NORTH FLAMINGO ROAD, SUITE 2
City-St-Zip: PEMBROKE PINES, FL 330281004

Title: MGRM (X) Change ( ) Addition
Name: COHEN, GAIL C
Address: 1601 NORTH FLAMINGO ROAD, SUITE 2
City-St-Zip: PEMBROKE PINES, FL 330281004

Title: MGR (X) Change ( ) Addition
Name: REYES, MIGUEL A
Address: 1601 NORTH FLAMINGO ROAD, SUITE 2
City-St-Zip: PEMBROKE PINES, FL 330281004

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: IDANIA C. WOLACH MGRM 02/06/2008

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