2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042604

1601 NORTH FLAMINGO ROAD, SUITE 2

PEMBROKE PINES, FL 330281004

Address:

City-St-Zip:

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

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1601 NORTH FLAMINGO ROAD SUITE 2 PEMBROKE PINES, FL 330281004 **New Mailing Address: Current 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: Name and Address of New Registered Agent: COHEN, STUART A 1601 NÓRTH 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WOLACH, IDANIA C Name: Name: Address: 1601 NORTH FLAMINGO ROAD, SUITE 2 Address: City-St-Zip: PEMBROKE PINES, FL 330281004 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: COHEN, GAIL C Name: Address: 1601 NORTH FLAMINGO ROAD, SUITE 2 Address: City-St-Zip: PEMBROKE PINES, FL 330281004 City-St-Zip: Title: MGR () Delete Title: () Change () Addition REYES, MIGUEL A Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: IDANIA C. WOLACH MGRM 01/12/2009