

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042604

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

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

1601 NORTH FLAMINGO ROAD
SUITE 2
PEMBROKE PINES, FL 330281004

New Principal Place of Business:

Current Mailing Address:

1601 NORTH FLAMINGO ROAD
SUITE 2
PEMBROKE PINES, FL 330281004

New Mailing Address:

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
SUITE 2
PEMBROKE PINES, FL 330281004 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: WOLACH, IDANIA C
Address: 1601 NORTH FLAMINGO ROAD, SUITE 2
City-St-Zip: PEMBROKE PINES, FL 330281004

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

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

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: IDANIA C. WOLACH

MGRM

01/12/2009

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