2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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ANNUAL REPORT							
DOCUMENT # L06000111480				FILED			
1. Entity Name TRIPLE ROSENBAUM INVESTMENTS, LLC				08 JAN 17 AM 10:21		21	
				SECRE	TALY STAT IASSEE, FLORI	F	
•	ailing Address			WELAN	ASSEE, FLORI	ĎΑ	
123 ALTON ROAD 123 ALTON ROAD MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139		ı					
				3 17116 BATH 1113 15711 11	AT 11881 11881 11811 FIBES 18111 BT		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address		٠_ـــ					
	755 4 Suite, Apt. #, etc.	15.	- 04.070000	81 118	ODDEDDG (40/00)		
			01072008	Chg-LLC	CR2E083 (12/06)		
Vily & Stare Beach Attarias 10	City & State	u. Floris	4. FEI Numb		 	oplied For ot Applicable	
33140 USA 3	P	Country USA	5. Certificate	of Status Desired	S5.00 Add		
33140 USA 3	tered Agent		7. Name and	Address of New F	<u> </u>	au .	
ROSENBALIM RETTY TOSE POLICE INTERPRETATION INTERPRETATION TO THE PROPERTY OF							
123 ALTON ROAD Street Address (P.O. Box Number je Not Acceptable)							
IMIAIMI BEACH, PL 33139							
		755 City	<u>415++</u>	6 e T	FL Zip Cod	e \	
8. The above named entity submits this statement for the p	ourpose of changing its re	gistered office or regis	tered agent, or bo	oth, in the State of Flo		_	
the obligations of register d agent.					Jalani	/	
SIGNATURE Signature, upped or printed rathe of regulatered agent and title if	f applicable. (NOTE; R	egistered Agent signature requ	ired when reinstating)		11.1108		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
A A A A A A A A A A A A A A A A A A A	www.orbo. 4	I 40		ADDITIONS	CUANCES		
9. MANAGING MEMBERS/M.	Delete	10.	س	ADDITIONS	Change	Addition	
NAME ROSENBAUM, BETTY		NAME -	seabou.	n Bett	1		
STREET ADDRESS 123 ALTON ROAD CITY-ST-ZIP MIAMI BEACH, FL 33139		CITY-ST-7IP	ari Be	54 ree 4	مرزيل عجرو	70	
TITLE	☐ Delete	11TLE NAME	_		☐ Change	☐ Addition	
NAME STREET ADDRESS	22						
CITY-S1-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME	11/11 01/11	7/0801001	3381⊡++ 013 **366	☐ Addition	
STREET ADDRESS				01711700 01001 515 ***5005.15			
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
NAME	0000	NAME					
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		NAME CIRCU ADDRESS					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 empo	owered to execute this re	port as required by Ch	apter 608, Florida	Statutes.	and morney or manage		
	1		1	Mas	315-222-5	308	
SIGNATURE: SIGNATURE AND TYPED OR DATASTED NAME OF SIGNIN	NG MANAGING MEMBER, MANA	GER, OR AUTHORIZED REPR	ESENTATIVE	Date	Daytime Phone #	100	
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