

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111480

1. Entity Name
TRIPLE ROSENBAUM INVESTMENTS, LLC



Principal Place of Business
123 ALTON ROAD
MIAMI BEACH, FL 33139

Mailing Address
123 ALTON ROAD
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
755 41st Street
Suite, Apt. #, etc.

3. Mailing Address
755 41st
Suite, Apt. #, etc.

City & State
Miami Beach, Florida
Zip
33140
Country
USA

City & State
Miami Beach, Florida
Zip
33140
Country
USA

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5892899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBAUM, BETTY
123 ALTON ROAD
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Rosenbaum International Law Firm, PA
Street Address (P.O. Box Number is Not Acceptable)
c/o Betty Rosenbaum
755 41st Street
City
Miami Beach FL Zip Code
33140

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

1/7/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ROSENBAUM, BETTY
123 ALTON ROAD
MIAMI BEACH, FL 33139 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Rosenbaum, Betty
755 41st Street
Miami Beach, Florida 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300115338142
01/17/08--01001--013 ***3663.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/08 305-333-5308
Date Daytime Phone #