

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007425

Entity Name: MINOTAUR LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

1865 BRICKELL AVENUE
#A1402
MIAMI, FL 33129 US

New Principal Place of Business:

430 NE 53 STREET
MIAMI, FL 33137 US

Current Mailing Address:

1865 BRICKELL AVENUE
#A1402
MIAMI, FL 33129 US

New Mailing Address:

430 NE 53 STREET
MIAMI, FL 33137 US

FEI Number: 20-8322693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'LOUGHY, JAMES D ESQ.
2855 PGA BLVD
SUITE #200
PALM BEACH GARDENS, FL 33410 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: BACHMANN, SIGURDUR
Address: 1865 BRICKELL AVENUE, #A1402
City-St-Zip: MIAMI, FL 33129 US

Title: MGRM () Delete
Name: SOLOMON, LEAH
Address: 1865 BRICKELL AVENUE, #A1402
City-St-Zip: MIAMI, FL 33129 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BACHMANN, SIGURDUR
Address: 430 NE 53 STREET
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM (X) Change () Addition
Name: SOLOMON, LEAH
Address: 430 NE 53 STREET
City-St-Zip: MIAMI, FL 33137 US

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: SIGURDUR BACHMANN

MGRM

04/01/2009

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