

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043349

Entity Name: 170/2E ASSOCIATES LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1643 BRICKELL AVE. APT 3304
MIAMI, FL 33129

New Principal Place of Business:

1643 BRICKELL AVE. APT 3304
MIAMI, FL 33129 US

Current Mailing Address:

1643 BRICKELL AVE. APT 3304
MIAMI, FL 33129

New Mailing Address:

1643 BRICKELL AVE. APT 3304
MIAMI, FL 33129 US

FEI Number: 36-4607661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROYO, MARCO
1643 BRICKELL AVENUE, APT. 3304
MIAMI, FL 33129 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: BOSONI, ALEXANDRE
Address: 1425 BRICKELL AVE. APT 56E
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: BOSONI, MARIA
Address: 1425 BRICKELL AVE. APT 56E
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOSONI, ALEXANDRE
Address: 1425 BRICKELL AVE. APT 56E
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM (X) Change () Addition
Name: BOSONI, MARIA
Address: 1425 BRICKELL AVE. APT 56E
City-St-Zip: MIAMI, FL 33131 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: ALEXANDRE BOSONI

MGRM

04/28/2009

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