2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059517

Entity Name: AREVLIED INVESTMENTS, LLC

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1470 NW 107 AVENUE SUITE E MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

1470 NW 107 AVENUE SUITE E MIAMI, FL 33172

FEI Number: 26-0318520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATES, LISSETTE 1470 NW 107 AVENUE SUITE E MIAMI, FL 33172 US

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete

ACOSTA ARENA Name: ACOSTA, ARENA Name: 1470 NW 107 AVENUE, SUITE E Address: 1470 NW 107 AVENUE SUITE E Address:

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: BATES, LISSETTE Name: BATES, LISSETTE

Address: 1470 NW 107 AVENUE, SUITE E Address: 1470 NW 107 AVENUE SUITE E

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete Title: MGRM (X) Change () Addition PRADO, EDGAR PRADO, EDGAR Name: Name:

1470 NW 107 AVENUE, SUITE E 1470 NW 107 AVENUE SUITE E Address: Address:

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33172

Title: () Delete Title: MGRM () Change (X) Addition

Name: Name: CHAPONICK, EVELYN

1470 NW 107 AVENUE SUITE E Address: Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33172

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: LISSETTE BATES **MGRM** 03/03/2009