## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000094831

Name:

Address:

City-St-Zip:

2850 GLADES CIRCLE UNIT F1

WESTON, FL 33327

Entity Name: LAX INVESTMENT PROPERTIES, LLC

**FILED** Apr 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2850 GLADES CIRCLE UNIT F1 WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 2850 GLADES CIRCLE, UNIT F1 WESTON, FL 33327 FEI Number: 26-3776976 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: PROFESSIONAL ACCOUNTING SOLUTIONS, INC. ROSARIA DI MAGGIO 8201 PETERS ROAD, SUITE 1000 2850 GLADES CIRCLE PLANTATION, FL 33324 UNIT F1 WESTON,, FL 33327 US 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: ROSARIA DI MAGGIO 04/15/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TAWID, ALEXANDRE Name: Name: 2850 GLADES CIRCLE UNIT F1 Address: Address: WESTON, FL 33327 City-St-Zip: City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: KROUMANOUKIAN DE TAW, ZAHRA Name: Address: 2850 GLADES CIRCLE UNIT F1 Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: MGR () Delete Title: () Change () Addition TAWID, TALINA Name: Name: 2850 GLADES CIRCLE UNIT F1 Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition DI MAGGIO, ROSARIA

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROSARIA DI MAGGIO **MGRM** 04/15/2009