

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000103506

Entity Name: IMPROVE REALTY, LLC

FILED
Jul 30, 2009
Secretary of State

Current Principal Place of Business:

1741 ALTON ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

11710 SW 80 ROAD
PINECREST, FL 33156

Current Mailing Address:

1741 ALTON ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

11710 SW 80 ROAD
PINECREST, FL 33156

FEI Number: 45-0576346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSOUSSAN, LAURENT
1741 ALTON ROAD
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BENSOUSSAN, LAURENT D
11710 SW 80 ROAD
PINECREST, FL 33156 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: LAURENT BENSOUSSAN

07/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENSOUSSAN, LAURENT D
Address: 1741 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BENSOUSSAN, LAURENT D
Address: 11710 SW 80 ROAD
City-St-Zip: PINECREST, FL 33156

Title: MGRM () Change (X) Addition
Name: GOETT, ADRIEN F
Address: 11710 SW 80 ROAD
City-St-Zip: PINECREST, FL 33156

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: LAURENT D. BENSOUSSAN

MGRM

07/30/2009

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