

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000117510

**FILED**  
**Jul 07, 2008**  
**Secretary of State**

**Entity Name:** APOGEE MEZZANINE INVESTMENTS, LLC

**Current Principal Place of Business:**

999 BRICKELL AVE.  
SUITE 700  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

999 BRICKELL AVE.  
SUITE 700  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHOMAR, WASIM  
15552 SW 95TH LANE  
MIAMI, FL 33196    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:                      SHOMAR, WASIM  
Address:                      15552 SW 95TH LANE  
City-St-Zip:                      MIAMI, FL 33196

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WASIM SHOMAR

MGRM

07/07/2008

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