

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067533

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: 2-4-6 INVESTMENT L.L.C.

**Current Principal Place of Business:**

7780 BILTMORE BLVD.  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

7780 BILTMORE BLVD.  
MIRAMAR, FL 33023

**New Mailing Address:**

FEI Number: 94-3455017      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

OSBORNE, MALIKA D  
3751 S.W. 139 AVENUE  
MIRAMAR, FL 33027      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATTERSON, HUGH B  
Address: 7780 BILTMORE BLVD.  
City-St-Zip: MIRAMAR, FL 33023

Title: MGRM ( ) Delete  
Name: PATTERSON-WHITE, MARLA  
Address: 119 COMMON WEALTH CT C-11  
City-St-Zip: PRINCETON, NJ 08540

Title: MGRM ( ) Delete  
Name: HARRIS, RABIE E  
Address: 1400 ST. CHARLES PL 515  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete  
Name: OSBORNE, MALIKA D  
Address: 3751 SW 139 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM ( ) Delete  
Name: OSBORNE, VILMA D  
Address: 3751 S.W. 139 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM ( ) Delete  
Name: WILSON, RAQUEL  
Address: 9631 NW 24TH PLACE  
City-St-Zip: SUNRISE, FL 33322

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: HAVIARAS, AVCUSTINA  
Address: 3751 SW 139 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

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

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

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

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: RABIE E. HARRIS

MGRM

08/31/2009

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