2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088713

1550 SALVATIERRA DR

City-St-Zip: CORAL GABLES, FL 33134

Address:

Entity Name: PROPERTY INVESTORS OF FLORIDA, LLC

FILED Apr 13, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|---------------------|---|--|
| 1550 SAL\ | /ATIERRA DRIVE ABLES, FL 33134 | | · | |
| Current Mailing Address: | | | New Mailing Address: | |
| PO BOX 5 MIAMI, FL | | | | |
| FEI Number | : FEI Numbe | er Applied For (X) | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | Address of Current Reg | istered Agent: | Name and Address | of New Registered Agent: |
| 13727 SW # 101 | DEBORAH L 152 STREET 33177 US | | | |
| | named entity submits this e of Florida. | statement for the p | ourpose of changing its registe | red office or registered agent, or both, |
| SIGNATU | RE: | | | |
| | Electronic Signature | e of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGR () Delete FAJARDO, ILEANA T 1550 SALVATIERRA DR CORAL GABLES, FL 33134 | | Title: Name: Address: City-St-Zip: | ()Change ()Addition |
| Title: Name: | MGR () Delete | | Title: Name: | () Change () Addition |

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: ILEANA FAJARDO MANA 04/13/2009