

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101503

FILED
Feb 04, 2009
Secretary of State

Entity Name: BLACKAWHITE REIF LLC

Current Principal Place of Business:

5400 NW 35 AVENUE
BUILDING 16
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5400 NW 35 AVENUE
BUILDING 16
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOABERY, ABDOL
5400 NW 35 AVENUE
BUILDING 16
FORT LAUDERDALE, FL 33309 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: MOABERY, ABDOL
Address: 5400 NW 35 AVENUE, BUILDING 16
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: TOUTT, ANDREW
Address: 5400 NW 35 AVENUE, BUILDING 16
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM (X) Delete
Name: WILSON, BRANDT
Address: 5400 NW 34 AVENUE, BUILDING 16
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

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: ABDOL MOABERY

MR

02/04/2009

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