

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004022

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: CBP 2 AND 3 LLC

**Current Principal Place of Business:**

2875 N.E. 191 STREET, PH1B  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2875 N.E. 191 STREET, PH1B  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 39-2057668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEIN, TED  
8030 PETERS ROAD, SUITE D-104  
PLANTATION, FL 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: MGR ( ) Delete  
Name: AZOUT, JACK  
Address: 2875 N.E. 191 STREET, PH1B  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: GILINSKI, SAUL  
Address: 2875 N.E. 191 STREET, PH1B  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: SREDNI, ERWIN  
Address: 2875 N.E. 191 STREET, PH1B  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: SREDNI, ISAAC  
Address: 2875 N.E. 191 STREET, PH1B  
City-St-Zip: AVENTURA, FL 33180

**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:

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: JACK AZOUT

PRES

03/10/2009

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