## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000007258

Entity Name: SHALBAF LLC

Address:

City-St-Zip:

MIAMI, FL 33172

FILED Jun 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1315 N.E. 98TH COURT, UNIT 13 MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 261 WEST 35TH ST, SUITE 1100 NEW YORK, NY 10001 FEI Number: 90-0136569 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: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SHALBAFIAN, ADEL Name: Name: Address: 1315 N.E. 98TH COURT, UNIT 13 Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition SHALBAFIAN, ARDESHIR Name: Name: Address: 1315 N.E. 98TH COURT, UNIT 13 Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SHALBAFIAN, ALIREZA Name: Name: 1315 N.E. 98TH COURT, UNIT 13

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.

Address:

City-St-Zip:

SIGNATURE: ADEL SHALBAFIAN OWNE 06/25/2009