2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # K96959 04-17-2008 90029 037 ***150.00 1. Entity Name THE LITTLE ONE APARTMENTS, INC. Principal Place of Business Mailing Address 1900 LIBERTY AVENUE 1900 LIBERTY AVENUE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Api. #, etc. 02062008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0140066 Not Applicable Country Zĩp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EISENBERG, DIANE Street Address (P.O. Box Number is Not Acceptable) 1900 LIBERTY AVENUE MIAMI BEACH, FL 33139 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE INOTE. Registered Agent signature required when reinstaling DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change ☐ Addition THUE EISENBERG, DIANE S NAME NAME STREET ADDRESS 1900 LIBERTY AVE STREET ADDRESS CRTY-ST ZIP Offy St. 259 MIAMI, FL 33139 TOTLE VPS ☐ Delete DIA: ☐ Charige Addition EISENBERG, ED NAME NAME STREET ADDRESS 1900 LIBERTY AVE STREET ADDRESS CHY-ST ZIP CITY ST ZIP MIAMI, FL 33139 Delete TITLE Change ☐ Addition FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP TITLE Delete mu ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 17 CITY+SE-78P CITY-ST-ZIP Change THEF Delete NAME MAME STREET ADDRESS STREET ADDRESS

12. Theraby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an adsormers with an address, with all other like empowered:

NAME

CITY ST ZIP 1011.0

STREET ADDRES CITY ST-ZIP

DITY ST 289

STREET ADURESS

THILE

NAME

Delete

☐ Channe

Addition

FILED

Date