## 2004 LIMITED LIABILITY COMPANY

SIGNATURE:

NATURE AND TYPED OR PRINTED NA

## Mar 03, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L01000012098** 1. Entity Name 03-03-2004 90151 020 \*\*\*\*50.00 D P PROPERTY HOLDING, LLC Principal Place of Business Mailing Address % LIONSTONE GROUP, INC. % LIONSTONE GROUP, INC. 2901 COLLINS AVE., SUITE M MIAMI BEACH, FL 33140 2901 COLLINS AVE., SUITE M MIAMI BEACH, FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 02-0604988 Not Applicable Zip Country Zìp Country \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIONSTONE GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) 2901 COLLINS AVE., SUITE M MIAMI BEACH, FL 33140 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition DUPONT PROPERTY HOLDING, INC. NAME NAME STREET ADDRESS 2901 COLLINS AVE. STREET ADORESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP MGRM TITLE TITLE ☐ Delete ☐ Change Addition UC NORTH DEVELOPMENT LLC NAME NAME STREET ADDRESS 701 BRICKELL AVE SUITE 3150 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Ugo Colombo 70, Brickell Ak. ste. 3150 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P= m-1-Aux 1- f- 1-3313/ TITLE Delete TITL F Addition NAME NAME D1690 L 2901 collins Ave. STM. M STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH F/ 33140 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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.

FILED