2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 29, 2005 08:00 AM Secretary of State DOCUMENT # L03000034953 1. Entity Name 81 NW 30TH STREET, LLC Principal Place of Business Mailing Address CONEALS LITMAN P.A GROVERLAZA 2ND FLOOR 2000 SW28TH TEFFR CONEALS LITMAN P.A GFOVERLAZA 2ND FLOOR 2900 SW28TH TEFR COCONUT GFOVE FL 33133 COCONUT CFOME FL 33133 03082005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4546202 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEUTCH, RICHARD E JR DO NOT WRITE C/O NEAL S. LITMAN, P.A. GROVE PLAZA-2ND FLOOR, 2900 SW 28TH TERR IN THIS SPACE COCONUT GROVE, FL 33133 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LOUGHEAD, LINFORD L NAME 55 NW 30TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 TITLE U00000279848 03/29/05-80014-017 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

Suan 2015 305-968-6888 SIGNATURE:

11. I hereby certify that the information supplied with this filing 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.