2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 07, 2005 8:00 am Secretary of State 04-07-2005 90090 016 ****50.00 **DOCUMENT # L04000035151** 1. Entity Name SAY L.L.C. 20027535 Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 20 - 1 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRANSGLOBAL CORP. ADMINISTRATION, LLC TRANSGLOBAL CORPORATE ADMINISTRATION, INC. Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131 520 BRICKELL KEY DRIVE, SUITE 0-305 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 d title if sook (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ASSISTANT SECRETARY TITLE ☐ Delete TITLE ☐ Change NICK STANHAM 520 BRICKELL KEY DRIVE, SUITE 0-305 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

AME OF SIG

FILED