2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATURE AND TYPED

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # L05000116236** 04-21-2008 90308 008 ***138.75 HIDDEN COVE OF MARIANNA, LLC Principal Place of Business Mailing Address 21601 SW 154 AVE 2700 SW 87 AVENUE, SUITE B MIAMI, FL 33170 MIAMI, FL 33165 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 13221 SW 216 terrace 13221 SW 216 Terr Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 CR2E083 (12/06) Chg-LLC City & State Miami Applied For City & State 4. FEI Number Mianu 20-3889317 Not Applicable Country \$5.00 Additional 33170 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLLER, NEALE J Street Address (P.O. Box Number is Not Acceptable) 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL 33134 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Addition ☐ Delete TITLE **B&S GLOBAL INVESTMENTS, LLC** NAME NAME STREET ADDRESS STREET ADDRESS 2700 SW 87 AVENUE, SUITE B CITY-ST-ZIP MIAMI, FL 33165 CHTY-ST-ZIP MGRM ☐ Change TITLE ☐ Delete TITLE ■ Addition GPR II, LLC NAME NAME STREET ADDRESS STREET ADDRESS 21601 SW 154 AVENUE HOMESTEAD, FL 33170 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NALGE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TRUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete ☐ Change ☐ Addition mie TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP led with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ate 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 rrussee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplindicated on this report is true and accuratimited liability company or the eceiver by 305-2451090 SIGNATURE:

ITED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED