2008 LIMITED LIABILITY COMPANY

Feb 20, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L07000041994** 02-20-2008 90024 024 ***138.75 **GUTIERREZ RESNICK PROPERTIES L.L.C** Principal Place of Business Mailing Address 2700 BAY AVE. 2700 BAY AVE. MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Cha-LLC CR2E083 (12/06) City & State City & State Applied For FEI Number 1-0682425 Not Applicable Zip Country Zin 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 Name **RESNICK, ANDREW J** 2700 BAY AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33140 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 SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ** MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TTLE Change ☐ Addition GUTIERREZ, ARMANDO JR. NAME NAME STREET ADDRESS 1201 BRICKELL AVE., SUITE 320 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MGR TITLE Delete MLE ☐ Change ☐ Addition RESNICK, ANDREW J NAME NAME STREET ADDRESS 2700 BAY AVE. STREET ADDRESS MIAMI BEACH, FL 33140 CiTY-ST-ZIP CATY-ST-71P TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIF Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ 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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

HUBEN 305-6734911 SIGNATURE: