2008 LIMITED LIABILITY COMPANY

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NAME STREET ADDRESS

CITY-ST-ZIP

Mar 26, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #L07000071777** 03-26-2008 90114 026 ***138.75 6110 PEMBROKE ROAD, LLC Principal Place of Business Mailing Address 60017225 4000 E. SAILBOAT DRIVE 4000 E. SAILBOAT DRIVE COOPER CITY, FL 33026 COOPER CITY, FL 33026 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable 7in Country 7ip 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 JOHNSON, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 9165 PARK DRIVE MIAMI SHORES, FL 33138 Zip Code FI 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. FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete TITLE MGR ☐ Change ■ Addition LANCE RUBLE WILL ROOM NAME NAME STREET ADDRESS STREET ADDRESS Miramer, Florida 33023 CITY-ST-ZIP CITY-ST-ZIP NBR TITLE Delete ☐ Change ☐ Addition ELICA RUBLE NAME NAME 4000 East Sailboat DENE STREET ADDRESS STREET ADDRESS CONFER City, Florida 33026 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete 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 ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition

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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.

NAME

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CITY-ST-ZIP

SIGNATURE: