2006 LIMITED LIABILITY COMPANY

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000014943 05-02-2006 90041 048 ****50.00 1. Entity Name 1330 COLLINS, LLC Principal Place of Business Mailing Address 35 N. HIBISCUS DRIVE 35 N. HIBISCUS DRIVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 04272006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0807090 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KROOP, RICHARD ESQ. DO NOT WRITE 800 WEST AVE. SUITE C-1 MIAMI BEACH, FL 33139 IN THIS SPACE 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CAVANAUGH, JAMES NAME 35 N. HIBISCUS DR. STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 toustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED