2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

MATURE AND TYPED OR PRINTED NAME OF

Mar 30, 2007 8:00 am **Secretary of State DOCUMENT #L03000003062** 03-30-2007 90035 038 ****50 00 PALMETTO CENTER, L.L.C. Principal Place of Business Mailing Address 16311 NW 52 AVENUE 16311 NW 52 AVENUE MIAMI, FL 33014 US MIAMI, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 03152007 Chq-LLC City & State City & State 4. FEI Number Applied For 02-0676410 Not Applicable Zip Country Zio 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 STOK, ROBERT A Box Number STOK & ASSOCIATES PA 2875 NE 191ST STREET, SUITE 304 AVENTURA, FL 33180 8. The above named entity submits this state ent for the pyl pose 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 agen Filing Fee is \$50.00 Due by May 1/2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Defete TITLE ☐ Change Addition H&M DEVELOPEMNT L.L.C. NAME NAME STREET ADDRESS 16311 NW 52 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33014 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Defete ml£ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustee emplowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED