2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000070700



ANTRIM MANSIONS, LLC Principal Place of Business Mailing Address 60034805 2501 HOLLYWOOD BOULEVARD 2501 HOLLYWOOD BOULEVARD AUITE 200 AUITE 200 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 75-3203756 Not Applicable Zip Country Country Zip \$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 YOGEV, ACHIKAM 2501 HOLLYWOOD BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE 200 HOLLYWOOD, FL 33020 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 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) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition YOGEY, ACHIKAM NAME STREET ADDRESS 2501 HOLLYWOOD BLVD. #200 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 7ITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: AND TYPED OR PRINTED NAME OF SH ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90153 046 ****50.00