2008 LIMITED LIABILITY COMPANY

Jan 09, 2008 8:00 am Secretary of State ANNUAL REPORT 01-09-2008 90020 042 ***143.75 **DOCUMENT # L06000001652** A & A PROPERTY INVESTMENTS LLC 60000468 Principal Place of Business Mailing Address 2307 SOUTH DOUGLAS ROAD 2307 SOUTH DOUGLAS ROAD SUITE 500 SUITE 500 MIAMI, FL 33145 US MIAMI, FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E083 (12/06) Chq-LLC Applied For City & State 4. FEI Number City & State 04-3845313 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALAYO, WILSON J Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS ROAD SUITE #500 MIAMI, FL 33145 City Zip Code FL 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) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Change MGRM ☐ Addition MGRM TITLE ☐ Delete TITLE ι. ALAYO JOSC ALAYO, WILSON NAME NAME 2307 Douglas Road # 520 2307 SOUTH DOUGLAS ROAD SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33145 CHY-ST-ZIP MIAMI, FL 33145 MGRM Delete ☐ Change ☐ Addition TITLE TITLE NAME ALAYO, JUAN J NAME STREET ADDRESS 2307 DOUGLAS ROAD SUITE #500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP **MGRM** Delete TITLE Change ■ Addition ALAYO, JUAN L NAME NAME STREET ADDRESS 2307 DOUGLAS RD SUITE 500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME

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.

STREET ADDRESS

CITY-S1-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF GRANING

STREET ADDRESS

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/08

FILED