that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000146221

Entity Name: CALLE OCHO SPECIAL LLC

Current Principal Place of Business:

1637 SW 8TH STREET SUITE 200 MIAMI, FL 33135

Current Mailing Address:

1637 SW 8TH STREET SUITE 200 MIAMI, FL 33135

FEI Number: 46-3994473

Name and Address of Current Registered Agent:

PINILLA, MARTIN II 1637 SW 8TH STREET SUITE 200 MIAMI, FL, FL 33135 US

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. SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER	
Name	FULLER, WILLIAM O	Name	PINILLA, MARTIN II	
Address	1637 SW 8TH STREET SUITE 200	Address	1637 SW 8TH STREET SUITE 200	
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135	

MANAGER 04/29/2014

Certificate of Status Desired: No

FILED Apr 29, 2014 Secretary of State CC3450576609

Date

Date