2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 28 AM 11: 12

DOCUMENT # L00000004974

1. Entity Name
JUBILEE SHADOW RUN LLC

Principal Place of Business	Mailing Address
95 BERKELEY STREET, 5TH FL BOSTON, MA 02116-6240	95 BERKELEY STREET, 5TH FL BOSTON, MA 02116-6240

09252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1800 SW 1st Street	1800 SW 1st Street
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.: Suite 206
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33135 Country: USA	Zip: 33135 Country: USA

4. FEI Number: 65-1051056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name: John S. Inglis Street Address (P.O. Box Number Is Not Acceptable): Shumaker, Loop & Kendrick, LLP 101 E. Kennedy Blvd., Ste. 2800 City: Tampa FL Zip Code: 33602

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 ____________ 09/25/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHADOW RUN ASSOCIATES, INC. 1800 SW 1ST STREET, STE 206 MIAMI, FL 33135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800080264478 09/28/06--01043--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Francis F. Gudorf, Vice Pres. Shadow Run Associates, Inc., MGRM 9/25/06 305/649-1553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #