2004 LIMITED LIABILITY COMPANY

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L00000005627 1. Entity Name 04-30-2004 90081 004 ****50.00 STRAND VENTURES, LLC Principal Place of Business Mailing Address 115 NW 167 STREET 115 NW 167 STREET NORTH MIAMI BEACH FL 33169 NORTH MIAMI BEACH FL 33169 2. Principal Place of Business 3. Mailing Address Suit One SE 3rd Avenue One SE 3rd Avenue MOORE CR2E083 (11/03) Suite 3100 **Suite 3100** 4. FEI Number Applied For Miami, FL 33131 Miami, FL 33131 65-1090370 Not Applicable Zic Zij \$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 Name TRACY, GRANVIL M 's Not Acceptable) IN TOTATREET One SE 3rd Avenue **Suite 3100** Zip Code Miami, FL 33131 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 er eight is MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change ☐ Addition ☐ Delete TITLE One SE 3rd Avenue NAME BEHAR, SABY NAME **Suite 3100** STREET ADDRESS STREET ADDRESS 115 N.W. 167 ST., STE. 300 CITY-ST-ZIP NORTH MIAMI BEACH FL 33169 CITY-ST-ZIP Miami, FL 33131 ☐ Addition TITLE MGRM Delete TITLE Change One SE 3rd Avenue NAME TRACY, GRANVIL NAME **Suite 3100** STREET ADDRESS 115 N.W. 167 ST., STE. 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33169 Miami, FL 33131 TITLE Delete TITLE Change ☐ Addition One SE 3rd Avenue NAME JARVIS, BRUCE NAME STREET ADDRESS STREET ADDRESS **Suite 3100** 115 N.W. 167 ST., STE. 300 CITY-ST-ZIF NORTH MIAMI BEACH FL 33169 CITY-ST-ZIP Miami, FL 33131 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS الكالم المستركزين CITY-ST-ZIP CITY-ST-ZIP 17 A 2 16 TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empewaged to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE