2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # L00000011934 04-29-2005 90039 008 ****50.00 1. Entity Name LA PERDOMA, LLC Principal Place of Business Mailing Address 20050643 PO BOX 14873 201 SEVILLA AVE STE 202 CORAL GABLES, FL 33114 CORAL GABLES, FL 33134 3. Mailing Address P.O.Box 2. Principal Place of Business 141873 Suite, Apt. #, etc. 04262005 CR2E083 (10/03) Chg-LLC City & State City & State Cables 4. FEI Number Applied For 71-0903182 Not Applicable Zip Country \$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 SANCHEZ-GALARRAGA, JORGE Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD., SUITE 310 CORAL GABLES, FL 33134 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. DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to 1 - Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR Change TITLE ☐ Delete TITLE ☐ Addition ABRANTE, ALBERTO NAME NAME 201 Sevilla, Suite 202 Coral Gables, FL 33134 8025 N.W. 60TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 201 Sevilla, Suite 202 Coral gables, FL 33134 NAME ABRANTE, SR., JOSE A NAME 201 SEVILLA, STE 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ABRANTE, JR., JOSE A NAME NAME 201 Sevilla, Suite 202 201 SEVILLA, STE 302 STREET ADDRESS STREET ADDRESS Corol Gables, FL 33134 CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

F SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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