2005 LIMITED LIABILITY COMPANY

Mar 24, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L01000002090** 03-24-2005 90205 048 ****50.00 1. Entity Name F & A FLORIDA, LLC Principal Place of Business Mailing Address 20024639 9419 FONTAINEBLEAU BLVD., APT 207 12233 S.W. 132 CT. MIAMI, FL 33186 MIAMIL_FL-33172 3. Mailing Address 2. Principal Place of Business 941057 PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 Chq-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For MIAM 74-3039237 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired ブブ FI Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARINI, FRANCO 9470 FONTAINEBLEAU BLVD., #22 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33172 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, typed or printed name of registered exent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARINI, FRANCO NAME STREET ADDRESS 9419 FONRAINBLEAU BLVD, #207 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERTOLDI, ANTONIA NAME NAME STREET ADDRESS 9419 FONRAINBLEAU BLVD. #207 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CiTY-ST-7IP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

☐ Delete

Daytime Phone #

☐ Change

☐ Addition

FILED