Mar 14, 2005 8:00 am 2005 LIMITED LIABILITY COMPANY **Secretary of State ANNUAL REPORT DOCUMENT # L01000004130** 03-14-2005 90595 008 ****50 00 1. Entity Name GDM AND ASSOCIATES, LLC Principal Place of Business Mailing Address 20020464 4220 GRANADA BLVD. 4220 GRANADA BLVD. CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 02282005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEKRAS, SATIRA A 4220 GRANADA BLVD. CORAL GABLES, FL 33146 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE Change TITLE ☐ Delete MERM MEKRAS, GEORGE D NAME MEKRAS, GEORGE 4220 GRANADA BL STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-ZIP ERO BETICH GRM MGRM TITLE ☐ Delete TITLE SATIRA MEKRAS, SATIRA A NAME EKRAS. NAME 434 INDIES DRIVE 4220 GRANADA BL STREET ADDRESS STREET ADDRESS 3*29*63-9504 CORAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ΤΙΣΙ Ε ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 managing of the limited liability company or the report or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IND TYPED OR PRINTED WAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED

Daytime Phone 6