2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 19, 2007 8:00 am **Secretary of State** DOCUMENT # L01000006680 1. Entity Name 03-19-2007 90461 032 ****50.00 TAVMAR INVESTMENTS L.C. Principal Place of Business Mailing Address 3191 CORAL WY 3191 CORAL WY MIAMI FL 33145 **MIAMI FL 33145** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 02-0538362 Not Applicable Zip Country 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 Name MELO PAULO MELO, DAVID Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WY, # 624 3191 CORAL WAY #624 **MIAMI FL 33145** CORAL GABLES 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 PAULOT MELO led name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. HILE Addition Delete TITLE ☐ Change NAME NAME COSTA CARVALHO, MARCOS T STREET ADDRESS STREET ADDRESS 1581 BRICKELL AVE #505 CITY-ST-ZIP CITY - ST- ZIP MIAMI FL 33129 Delete TITLE ☐ Change Addition TITLE NAME NAME TAVERS DE MELO, PAULO STREET ADDRESS 1581 BRICKELL AVE #505 STREET ADDRESS CITY ST-7IP City-st-ZIP MIAMI FL 33129 IIILE Delete HILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP ☐ Defete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-S1-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIILE Delete TITLE ☐ Change ☐ Addition NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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

PAULO T. MELO

FILED