2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF

Jan 08, 2007 8:00 am Secretary of State DOCUMENT # L01000009068 01-08-2007 90210 006 ****50.00 CORÁL WAY ACQUISITION PROPERTIES, LLC Principal Place of Business Mailing Address BLANCA CABRERA LARREA. BLANCA CABRERA LARREA 9330 SW 40 ST 9330 SW 40 ST MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3352 CUAL WAY 3. Mailing Address Suite, Apt. #, etc 01032007 Chg-LLC CR2E083 (12/06) City & State 4. FEL Number Applied For 65-1116983 Not Applicable 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 UPEZ-GARCIA CABREREA, BLANCA R Street Address (P.O. Box Number is Not Acceptable) 9330 SW 40 ST MIAMI, FL 33165 AR KIADLUGA らだ ネル City 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. Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9 10. ADDITIONS/CHANGES MGRM TITLE TITLE Delete ☐ Change ☐ Addition BLC CW. LLC NAME NAME STREET ADDRESS 9330 SW 40 ST STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change TITLE ☐ Delete TITLE Addition GARCIA, LAZARO 9330 SW 402 ST NAME STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change Addition GARCIA JOSE JE NAME NAME STREET ADDRESS STREET ADDRESS 9330 SW 402 ST CITY-ST-7IP CITY-ST-2IP minni FL ☐ Delete TITLE 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 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 exemptions contained in Chapter 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED