2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: X

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # L01000011907** 04-04-2005 90422 017 ****50.00 PRAXIS INVESTMENTS LLC Principal Place of Business Mailing Address 444 BRICKELL AVE STE 210 444 BRICKELL AVE MIAMI, FL 33131 210 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite Apt # etc. 03042005 CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 65-1156727 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SINISTERRA, TOMAS B Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE., STE 210 MIAMI, FL 33131 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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 9. 10. XXChange Delete TITLE Addition TITLE Manager SINISTERRA, TOMAS B NAME ALPHÁ PROPERTY MANAGERS, LLC NAME 444 BRICKELL AVE STE 210 STREET ADDRESS STREET ADDRESS 444 Brickell Ave., Suite 210 MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 TITLE Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE 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-7IP ☐ Change ☐ Addition TITI F Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ■ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Carlos Rodriguez

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

FILED