2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # L01000019577** 04-29-2005 90055 001 ****50.00 INSIDE PROPERTY, L.L.C. Principal Place of Business Mailing Address C/O ROBERT ALLEN LAW C/O ROBERT ALLEN LAW 20051450 41441 BRICKELL-AVE., STE. 1014 41441 BRICKELL AVE., STE. 1014 MIAMI_EL_33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 1441 Brickell Avenue 1441 Brickell Avenu e Suite, Apt. #, etc Suite, Apt: #, etc. 04272005 Chg-LLC CR2E083 (10/03) 1400 Suite Suite City & State City & State 4. FEI Number Applied For miami miami 65-1152999 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent obert ROBERT ALLEN LAW Street Address (P 1441 BRICKELL AVE. STE. 1014 MIAMI, FL 33131 1400 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 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 9. 10. ADDITIONS/CHANGES Satuzar Peralta Luis F. Dichange 1441 Brickell Averlue, Suite 1400 MGR TITLE Delete ■ Addition SALAZAR PENALTA, LUIS F NAME 1441 BRICKELL AVE., #1014 STREET ADDRESS STREET ADDRESS miami, FL. 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE mahon, David 1441 Brickell Arenue, Suite 1400 NAME MAHON, DAVID 1441 BRICKELL AVE., #1014 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP miami, FL. 33131 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETL F ☐ 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true 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 florida Statutes.

Umberto Bonavita

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

SIGNATURE:

4/27/05

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FILED