2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Secretary of State 02-13-2007 90057 035 ****60.00 DOCUMENT # L01000020023 LA ROSA PROPERTIES, L.L.C. 60015216 Principal Place of Business Mailing Address 2050 NW 95 AVE 2050 NW 95 AVE MIAMI, FL 33172 MIAMI, FL 33172 01262007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1154119 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMADOR, CLARA R 18636 NW 78TH PLACE DO NOT WRITE MIAMI, FL 33015 IN THIS SPACE 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 d agent. Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE NAME AMADOR, CLARA STREET ADDRESS 18636 NW 78 PL CITY-ST-ZIP MIAMI, FL 33015 TITLE LA ROSA, MIGDALE NAME 18636 NW 78 PL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 13, 2007 8:00 am

Daytime Phone #