2004 LIMITED LIABILITY COMPANY

SIGNATURE: Chy

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

Date

Daytimé Phone #

FILED Mar 08, 2004 08:00 AM Secretary of State

| | ANNUAL | KEPUKI | | | Secretar | y or State |
|--|---|-------------------------------------|---------------------------------------|--|--------------------------|--|
| 1. Entity Name | MENT # L020000066 ARAC, LLC | 13 | | , . | | |
| Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 | | | E SUITE | | | |
| n | O NOT WRITE | IN THIS SPA | CE | 03012004No Ghg-LL | | 33 (10/03) Applied For |
| | | | | 03-0454055 5. Certificate of Status D | | Not Applicable 5.00 Additionat ee Required |
| HERNAND 2828 COR MIAMI, FL | 6. Name and Address of Current Re PEZ, ANGEL AL WAY, PENTHOUSE SUITE 33145 | gistered Agent | | DO NOT IN THIS | ' | |
| the obligat | named entity submits this statement for toons of registered agent. | he purpose of changing its registe | red office or register | red agent, or both, in the St | ate of Florida I am fa | miliar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agont en ling Fee is \$50.00 up by May 1, 2004 | dittle if applicable (NOTE, Registe | ed Agent signature required | d when reinstating) | DATE | , |
| 9. | MANAGING MEMBER | S/MANAGERS | , , , , , , , , , , , , , , , , , , , | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TRELCOM DEVELOPMENT, INC. 2828 CORAL WAY, PH 1 MIAMI, FL 33145 | | | 70 A | 0000081946 9704-80007 | 2030000 fra 2020000 facilitate (12000000000000000000000000000000000000 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS 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 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. SIGNATURE: WICE-PRESIDENT 3.1-0.4 | | | | | | |