2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-28-2005 90045 029 ****55.00 **DOCUMENT # L02000011687** NARÁNJA LAKES HOLDINGS, LLC Principal Place of Business Mailing Address 20016218 14600 S.W. 136 STREET 111 S.W. 3RD STREET MIAMI, FL 33186 US SIXTH FLOOR MIAMI, FL 33186 US 2. Principal Place of Business 3. Mailing Address 111 SW 3 Street Suite, Apt. #, etc. Suite, Apt. #, etc 02222005 Chg-LLC CR2E083 (10/03) Sixth Floor City & State City & State 4. FEI Number Applied For 02-0610331 Not Applicable Miami. Florida Zin Country Zip \$5.00 Additional 5. Certificate of Status Desired 33130 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 111 SW 3RD STREET, 6TH FLOOR MIAMI, FL 33130 City Zip Code 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, typed or printed name of registered agent and title if applicable. Eiling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. 😘 MANAGING MEMBERS/MANAGERS 10. ' ADDITIONS/CHANGES ппце MGRM - - Delete TITLE **▼** Change — Addition HAV, LLC NAME NAME : STREET ADDRESS P/O Vista Realty Partners LLC STREET ADDRESS 550 PHARR RD., SUITE 220 1360 Peachtree St NE, #1000 CITY-ST-ZIP ATLANTA, GA 30305 CITY-ST-ZIP Atlanta, GA 30309 MGRM Change Delete ☐ Addition TITLE ORANGE LAKES DEVELOMENT, INC. NAME NAME 13932-SW-133RD-CT. STREET ADDRESS STREET ADDRESS 14600 SW 136 Street MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP Miami. Florida 33186 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Detete ☐ Change Addition TITLE 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Elliott Harris AUTU. Rep

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

FILED Feb 28, 2005 8:00 am

Secretary of State

2-22-05

Daytime Phone #

Date