2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 05, 2004 8:00 am **Secretary of State DOCUMENT # L02000019591** 05-05-2004 90004 003 ****50.00 PALERMO REALTY INVESTMENTS. LLC Mailing Address Principal Place of Business 123 S.E. 3RD AVENUE, SUITE 397 123 S.E. 3RD AVENUE, SUITE 397 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. 👑 🕝 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 3 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Change ■ Addition TITLE Delete TITLE PACHECO, PEDRO JOSE J NAME NAME 1802 S.W. 163RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME Bereit in the STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete __ 🚉 - Change TITLE TITLE: ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

PACHECO

FILED