2006 LIMITED LIABILITY COMPANY

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Jan 19, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L02000022610** 01-19-2006 90064 018 ****50.00 KLEIN & BARRETO P.L. Principal Place of Business Mailing Address 2875 NE 191 STREET, SUITE 703 2875 NE 191 STREET, SUITE 703 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number 43-1972128 Not Applicable Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLEIN, MYLES Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191ST #703 AVENTURA, FL 33180 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME KLEIN, MYLES STREET ADDRESS STREET ADDRESS 2875 NE 191 STREET, SUITE 703 CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE BARRETO, JORGE NAME 2875 NE 191 STREET, SUITE 703 15557 N.W. 82 PLACE STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33016 CITY-ST-ZIP AVENTURA, FL 33180 --CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME

FILED

□ Change

☐ Addition

11. I hereby certify that the information supplied with this filing 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 outrustee emptywered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: TURE AND TYPED OR PRINTED AGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete