2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000026800 04 MAY 18 AM 10: 33 1. Entity Name TORRE MOLINO GREENS, LLC TALLANASSIE FLOMBA Mailing Address Principal Place of Business 6622 NATURE PRESERVE COURT 6622 NATURE PRESERVE COURT NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied R 22-3878101 Not Applicable - Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIRSCH, EDUARDO J Street Address (P.O. Box Number is Not Acceptable) 6622 NATURE PRESERVE CT NAPLES, FL 34109 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE □ Change Addition TITLE Delete HIRSCH, EDUARDO J NAME NAME 6622 NATURE PRESERVE CT STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP MGR **Addition** TITLE ☐ Delete TITLE ☐ Change HIRSCH, ALEJANDRO NAME NAME STREET ADDRESS STREET ADDRESS 5401 N.W. 105 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 33178 Delete -Tift 6-Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change ☐ Addition ☐ Delete TITLE NAME 600037665696 NAME STREET ADDRESS 06/04/04--01032--017 STREET ADDRESS **50.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADBRESS CITY-ST-ZI CITY-ST-7IP ormetion 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 the 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the in indicated on this report is 4/09/04 (305)445-5351SIGNATURE: ALEJANDRO HIRSCH, MGR ES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

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