2006 LIMITED LIABILITY COMPANY

Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L02000028142 04-28-2006 90013 027 ****55.00 WINDMOOR PROJECT, LLC 20037974 Principal Place of Business Mailing Address 1861 NW SOUTH RIVER DRIVE 2600 SW 3RD AVENUE MIAMI, FL 33125 SUITE #730 MIAMI, FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 45-0490299 Not Applicable Zip Country Zip Country \$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 GUZUIEN, MARION Street Address (P.O. Box Number is Not Acceptable) TWO DATRON CENTER 9130 S. DADELAND BLVD., SUITE 1504 MIAMI, FL 33156 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 (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Change ☐ Addition NAME TERRAZAS RIVERPARK MANAGEMENT CORP. NAME 1861 NW SOUTH RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP MGR TITLE ☐ Defete TITLE ☐ Change ■ Addition BA INVESTMENT GROUPS - U.S.A. CORP. NAME NAME STREET ADDRESS 2600 S.W. 3RD AVENUE #730 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition WINDMOOR PROPERTY, LLC NAME NAME STREET ADDRESS 2600 S.W. 3RD AVENUE #730 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the in ied 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 limited liability company o ate 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 ritustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

as who alleganical

☐ Delete

☐ Change

☐ Addition

FILED