2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L02000029057** 03-23-2006 90270 016 ****50.00 SEABROOK PROPERTIES LLC Principal Place of Business Mailing Address 811 MALAGA AVENUE 811 MALAGA AVENUE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3034 Allamanda 57 3. Mailing Address 3034 AllAMANDA ST. Suite, Apt. #, etc. 03212006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For COCONUT GROVE, FL 02-0651604 Not Applicable DCONUT GLOVE, FL \$5.00 Additional 5. Certificate of Status Desired 33/32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLEIN, THEODORE J ESQ. Street Address (P.O. Box Number is Not Acceptable) 88 N.E. 168 STREET NORTH MIAMI BEACH, FL 33162 Zip Code City 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 Filing Fee is \$50.00 Make check payable to Florida Department of State Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change ☐ Addition TITLE ☐ Delete WAGNER, ROBERT NAME NAME 3034 AllAMANDAST. 811 MALAGA AVENUE STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 / ADOLESS CHANCE ONLY CITY-ST-ZIP CITY-ST-ZIP LOLDNUT GROVE, FL 33133 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delate TITLE 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-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete 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 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 flability 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

FILED Mar 23, 2006 8:00 am