2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPE

Feb 25, 2008 8:00 am **Secretary of State DOCUMENT #L02000031972** 02-25-2008 90134 003 ***138.75 SOUTH FLORIDA ASSOCIATES, LLC Principal Place of Business Mailing Address 3191 CORAL WAY 3191 CORAL WAY 623 MIAMI, FL 33145 MIAML FL-33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2828 CORAL CORAL Suite, Apt. #, etc. 01312008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 02-0657136 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GUIMARAES, GABIELA Street Address (P.O. Box Number is Not Acceptable 3191 CORAL WAY STE. 623 MIAMLEL 33145 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 Signsture, typed or priviled name of segistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ILLTE SLAE 101 F □ Delete ☐ Change ■ Addition GUIMARAES, GABRIELA NAME NAME 282FCORAL WAY# 308 STREET ADORESS 3191 CORAL WAY #623 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MIAMI. PL 33145 --HCAHP, FL 33145 TITLE □ Detete IIII F ☐ Change ■ Addition SAHE MACHADO, GILSON NAME NALE 2828 CORAL WAY # 308 STREET ADORESS 3191 CORAL WAY #623-STREET ADDRESS CITY-ST-71P MIAMI, FL 33145 --CITY-ST-7/P HIAH! FL 33145 TITLE Delete TITLE -Change ■ Addition SAHE LINSNETO, JOSE 4-NAME HAME 2528 CORAL WAY #308 3191 CORAL WAY #623 STREET ADDRESS STREET ADDRESS MIAMI, PL 33145 CITY-ST-ZIP CITY_ST_ZIP MiANI, FL 33145 TITLE ☐ Delete m F Change ■ Addition MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-77P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-7IP 11. I hereby certify that the information supplied with this filting 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 or trustee empoying do to execute this report as required by Chapter 608, Florida Statutes.

FILED