2007 LIMITED LIABILITY COMPANY

Apr 27, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000003653 04-27-2007 90023 028 ****50.00 PANASEA MIAMI LLC Principal Place of Business Mailing Address 60041823 2100 WEST 76TH ST 2100 WEST 76TH ST SUITE 208 SUITE 208 HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. # etc. 02052007 11TE 212 Chg-LLC CR2E083 (12/06) 717 City & State City & State 4. FEI Number Applied For 20-2855379 Not Applicable Zip Country Zio 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 Name MIAMI CORPORTE REGISTRY Street Address (P.O. Box Number is Not Acceptable) 2100 WEST 76TH ST SUITE 208 HIALEAH, FL 33016 City Zip Code FL 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 ill applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9, 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition MILLER, RICHARD NAME NAME 1400 CORAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 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 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 #ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

RICHARD MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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