2004 LIMITED LIABILITY COMPANY

SIGNATURE:

Aug 31, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000003676** 08-31-2004 90031 037 ****50.00 1. Entity Name PALM TOWER, LLC Principal Place of Business Mailing Address 24082614 200 GRAND BAY PLAZA, 2665 SOUTH BAYSHORE 200 GRAND BAY PLAZA, 2665 SOUTH BAYSHORE MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 2950 SW 2 3. Mailing Address 774 AUE 2950 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 08232004 Chg-LLC CR2E083 (10/03) Suite Suite 4. FEI Number City & State City & State Applied For 74-30787 Mani m_{i} αm_{i} Not Applicable Country Country USA \$5.00 Additional 5. Certificate of Status Desired AZCI Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Garcia, Eduardo GARCIA, EDUARDO JR. Street Address (P.O. Box Number is Not Acceptable) 200 GRAND BAY PLAZA, 2665 SOUTH BAYSHORE MIAMI, FL 33133 2950 SW 27th AUR Zip Code 331 Miarri 8. The above named entity submite this statement for the purpose changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Eduardo Garcia 8-25-04 SIGNATURE Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES marage(TITLE □ Delete TITLE ☐ Change Addition Rolando Delgado NAME NAME 2950 SW 27th Ave, Suite 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, F1 33133 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

olando Delgado

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

FILED