2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # L03000004237 04-08-2005 90282 005 ****50.00 THE BURTON GROUP, LLC Principal Place of Business Mailing Address 2610 N. MIAMI AVE PO BOX 370666 MIAMI, FL 33137 MIAMI, FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032005 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State 45-0499980 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REIZES, BURTON Street Address (P.O. Box Number is Not Acceptable) 2610 N MIAMI AVE.-MIAMI, FL 33127 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change MGRM TITLE ME ☐ Delete REIZES, BURTON RERES, BURTON NAME NAME PO BOX 370666 STREET ADDRESS STRITT ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition MIF ☐ Change ☐ Delete MÆ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete MILE ☐ Change IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Change Addition ☐ Delete MIE mie NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P 11. I hereby certify that the information supplied with this filing does not quality 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 eath; 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.

MAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE

FILED