2005 LIMITED LIABILITY COMPANY

SIGNATURE:

FILED Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # L03000008617 1. Entity Name LANTANA I, LLC Mailing Address Principal Place of Business **4209 NE 22RD AVENUE** 4209 NE 22RD AVENUE FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 01242005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0452396 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REGISTER, DON 4209 NE 22RD AVENUE FORT LAUDERDALE, FL 33308 IN THIS SPACE 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. SIGNALDIRE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE PST NAME REGISTER, DON 4209 NE 22ND AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE U000000293631 NAME 14/08/45-8UUS6-023 50.0U STREET ADDRESS CITY-SY-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS 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.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE