2005 LIMITED LIABILITY COMPANY

Apr 18, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000008626** 04-18-2005 90071 048 ****55.00 1. Entity Name TRG HALLANDALE BEACH HOLDINGS, LLC Principal Place of Business Mailing Address 2828 CORAL WAY, PH 5 2828 CORAL WAY, PH 5 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102005 CR2E083 (10/03) Chg-LLC City & State City & State FEI Numbe Applied For Not Applicable Zip Country Zip -Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ANGEL 2828 CORAL WAY, PH 5 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33143 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, 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10, TITLE MGRM TITLE ☐ Delete ☐ Change ☐ Addition TRELCOM DEVELOPMENT, LTD NAME MAME STREET ADDRESS 2828 CORAL WAY, PH 5 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TITLE Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE IIIIE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ANGEL HERNANDEZ

☐ Change

☐ Addition

FILED