2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000012878 03-23-2004 90070 040 ****50.00 GRAND BAY GP. LLC Principal Place of Business Mailing Address 44441101 800 BRICKELL AVENUE, SUITE 201 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business 2665 South Bayshore Dr 2665 South Bayshore D. 03082004 Chg-LLC CR2E083 (10/03) Jule 601 City & State 4. FEI Number Applied For City & State oconut <u>54-2105989</u> GVOVE Not Applicable \$5.00 Additional 5. Certificate of Status Desired U5Á Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Kichard F&L CORP Street Address 19.0. Box Numb THE GREENLEAF BUILDING 2000 200 LAURA STREET NORTH JACKSONVILLE, FL 32202 cilyMiami 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Addition Bacardi Facundo albes south Bayshore Dr 601 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coconst Grove. MGR TITLE ☐ Delete TITLE ☐ Change Addition Razook, Richard NAME 1111 Brickell Ave Ste 2500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami .FL 23131 MGR TITLE ☐ Delete TITLE ☐ Change **☑** Addition Fort, Bernardo 550 Brickell Live. NAME NAME . Ste 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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-7iP 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.

INING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 23, 2004 8:00 am

305-285-5588