2007 LIMITED LIABILITY COMPANY

Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT 04-23-2007 90355 046 ****50.00 **DOCUMENT # L03000019087** 1. Entity Name G.C.C.G. PROPERTIES, LLC .4001415 Principal Place of Business Mailing Address 2544 NW 7TH STREET 2544 NW 7TH STREET MIAMI, FL 33125 US MIAMI, FL 33125 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 61-1450338 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, MYRA Street Address (P.O. Box Number is Not Acceptable) 2544 NW 7TH STREET MIAMI, FL 33125 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 gr, 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE COSTA, XIOMARA NAME NAME 9944 NW 49TH TERR STREET ADDRESS STREET ADDRESS **DORAL, FL 33178** CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Change ☐ Addition COSTA, ANTONIO NAME NAME STREET ADDRESS 9944 NW 49TH TERR STREET ADDRESS DORAL, FL 33178 CITY-ST-7IP CITY_ST-7IP MGRM ☐ Change TITLE ☐ Delete TITE ☐ Addition GONZALEZ, LOURDES C NAME. NAME 2436 SW 22 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Addition ARCIA, MYRA GARCIA, MYRA NAME NAME 2201 50 OCEAN DR#701 STREET ADDRESS 2201 SO OCEAN DR #503 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP HOWWOOD FL 33019 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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

CITY-ST-ZIP

SIGNATURE:

FILED