CITY-ST-ZIP

SIGNATURE:

Apr 28, 2006 08:00 AM Secretary of State 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000020931 1. Entity Name LEQ REAL ESTATE I, LLC Principal Place of Business Mailing Address 10165 NW 19TH ST 10165 NW 19TH ST MIAMI, FL 33172 MIAMI, FL 33172 04082006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 35-2205759 \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent EASTON, EDWARD J DO NOT WRITE 10165 NW 19TH ST MIAMI, FL 33172 IN THIS SPACE 3. 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. DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2008 UHDDDDS41030 85/10/86-80044-816 55.00 MANAGING MEMBERS/MANAGERS 8. MGR TITLE EASTON, EDWARD J NAME STREET ADDRESS 10165 NW 19 STREET CTTY-ST-22P MIAMI, FL 33172 TITLE NAME STREET ADDRESS C17Y-ST-EIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 PRINTED NAME OF SIGNING MANAGING WEMBER, OR AUTHORIZED REPRESENTATIVE

FILED