2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 11, 2006 8:00 am Secretary of State **DOCUMENT # L03000022725** 04-11-2006 90017 026 ****50.00 CYRÚS DEVELOPMENTS III, LLC Principal Place of Business Mailing Address 1911 HARRISON STREET 1911 HARRISON STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address 885 STILLWATER 885 STILLWATER CT Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number **WESTON** WESTON, FL 20-1013698 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired П 33327 33327 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRISALES - RACINI OSCAR GRISALES-RACINI; OSCAR Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 st Street PH-8 1911 HARRISON STREET HOLLYWOOD, FL 33020 Zip Code 33180 City AVEN TURA 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. Lam familiar with, and accept the obligations of registered agent. 20 SIGNATURE Signature, typed or NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR. MGR TITLE Delete TITLE □ Change **Addition** MARTIN PINTAR, ERIC PINTAR , ERIC NAME NAME 885 STILLWATER CT STREET ADDRESS 1911 HARRISON STREET STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33020 CITY-ST-ZIP WESTON, FL 33327 TITLE TITLE Delete ☐ Change ☐ Addition CECILIA BURRAGO, MARIA NAME NAME STREET ADDRESS 1911 HARRISON STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Change TITLE Delete ■ Addition PINTAR, ERIC P.R NAME STREET ADDRESS 1911 HARRISON STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 302

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED