2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # L03000023189** 03-27-2006 90051 023 ****50.00 1. Entity Name FLORIDA AVENUE 2957, LLC Principal Place of Business Mailing Address 20021004 1110 BRICKELL AVENUE, PENTHOUSE ONE 1410 BRICKELL AVENUE, PENTHOUSE ONE MIAMI; FL-33131-MIAMI; FL 33131 .-2. Principal Place of Business 3. Mailing Address 18001 Old Cutler Road same Suite, Apt. #, etc. Suite, Apt. #, etc 03062006 Chg-LLC CR2E083 (11/05) Suite 600 City & State City & State 4. FEI Number Applied For Miami, Florida 65-1195562 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 33157 ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVER, SCOTT A Street Address (P.O. Box Number is Not Acceptable) 18001 01d Cutler Road C/O SILVER, GARVETT & HENDKEL, P.A. THO BRICKELL AVE., PENTHOUSE ONE Suite 600 MIAMI-FL-33131--^{City}Miami 8. The above named entity submits this experient 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 age 03/07/06 SIGNATURE 2 typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR ☐ Defete TITLE Chance ☐ Addition NAME GARVETT, FREDRIC M NAME 18001 Old Cutler Road- Suite 600 STREET ADDRESS 1410 BRICKELL AVENUE, PENTHOUSE ONE STREET ADDRESS Miami, Florida 33157 CITY-ST-ZIP MIAMI, FL -33131-CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME SILVER, SCOTT A NAME 18001 Old Cutler Road - Suite 600 1110 BRICKELL AVENUE, PENTHOUSE ONE STREET ADDRESS STREET ADDRESS Miami, Florida 33157 MIAMI, FL-33131-CITY-ST-7tP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

(Scott A. Silver, Mgr)

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

03/07/06

Date

305/377-8802

Daytime Phone #

FILED