2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FILED SECRETARY OF STATE CORPORATIONS DOCUMENT # L03000023324 AM 10: 13 and MAY 02 2005 DOMUS INVESTMENT GROUP, L.L.C. #1172 Principal Place of Business Mailing Address 3325 HOLLYWOOD BLVD. 3325 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 42-1597700 Not Applicable 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 Name YECUTIELI, SAMUÈL E Street Address (P.O. Box Number is Not Acceptable) 3325 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 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. 14/05 Make check payal (EB) is Department Filing Fee Is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITI E MENDEL, ERVIN A NAME NAME 3325 HOLLYWOOD BLVD. #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 MGRM TITLE Delete MLE YECUTIEL!, SAMUEL E NAME STREET ADDRESS STREET ADDRESS 3325 HOLLYWOOD BLVD. #401 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete Change **MGRM** TITLE TITLE PEICHER, LEO NAME STREET ADDRESS 3325 HOLLYWOOD BLVD. #401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE MGRM ☐ Detete TITLE ☐ Change ☐ Addition JAEGERMAN, ARTURO NAME NAME 3325 HOLLYWOOD BLVD. #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 Aldition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS div-st-zp 1, 1 CITY-ST-ZIP 무**ઝ**ition TITLE шф Delete NAME NAME STREET ADDRESS STREET NOORESS CITY-ST-ZIP CITY ST- MP 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. SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #