2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Feb 01, 2005 8:00 am Secretary of State **DOCUMENT # L03000025829** 1. Entity Name 02-01-2005 90118 050 ****50.00 RYEBROOK EQUITIES, LLC Principal Place of Business Mailing Address 16250 NW 52ND AVE 16250 NW 52ND AVE MIAMI, FL 33014 MIAMI, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For APPLIED FOR 20-1377245 Not Applicable Country Zip Country Zip \$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 RUTTER, DAVID Street Address (P.O. Box Number is Not Acceptable) 16250 NW 52ND AVE MIAMI, FL 33014 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 or 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, 2005 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE TITLE ☐ Change Addition ☐ Delete RUTTER, DAVID NAME NAME STREET ADDRESS 16250 NW 52ND AVE STREET ADDRESS CTTY-ST-ZIP MIAMI, FL 33014 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS 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 ПΠЕ ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 eath; 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. (David Rutter) Manager 1/25/05 (305) 624-9752

IE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone # .