2004 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Apr 22, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000034407** 04-22-2004 90351 016 ****50.00 1. Entity Name CYRUS DEVELOPMENTS IV, LLC Mailing Address Principal Place of Business 4, 4, 12550 BISCAYNE BLVD., STE. 405 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 3. Mailing Address 1911 HARRISON Street 2. Principal Place of Business 1911 Harrison Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number 20=084-7746 Applied For... City & State 7=602~0M HOULINOOO Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired U.S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brisiales - RACINI, OSCAR ESQ GRISALES-RACINI, OSCAR ESQ Address (P.O. Box Number is Not Acceptable 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL 33181 Zip Code よう020 ധയർ 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, 2004 Make check payable to Florida Department of State MANAGING MEMBERS MANAGERS ADDITIONS/CHANGES 9. 10. Change Addition TITLE ☐ Delete TITLE HANAGER ERIC PINTAR NAME NAME 1911 Herenson Street STREET ADDRESS STREET ADDRESS Hollywoos, Floriba 33020 CITY-ST-ZIP CITY-ST-ZIP HANAGER ☐ Change Addition ☐ Delete TITLE GUSTAVO USANDIRAGA NAME NAME 1911 Harrison Street STREET ADDRESS STREET ADDRESS FLORIZE 33020 HOLLY WOOD, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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 trusfee employed to execute this report as required by Chapter 608, Florida Statutes.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED