2005 LIMITED LIABILITY COMPANY

Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT 04-29-2005 90029 010 ****50.00 **DOCUMENT # L03000034629** SOLÁRIS AT BRICKELL BAY, LLC 20050141 Principal Place of Business Mailing Address 4535 PONCE DE LEON BLVD 4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20-0710805 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PADRON, CARLOS E VILA, PADRON & DIAZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 2 ALHAMBARA PLAZA, STE. 860 CORAL GABLES, FL 33134 City Zip Code FL 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 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete HERNANDEZ, HARVEY NAME NAME STREET ADDRESS 4535 PONCE DE LEON BOULVARD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33146 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change 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 ☐ Delete ☐ Channe ☐ Addition TITLE TITI F 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 NAME

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 justee empowered execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF

STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305-740-08/9 Daytime Phone #

FILED