2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED I

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L03000034661 04-30-2007 90060 044 ****50.00 DOWN SOUTH, LLC Principal Place of Business Mailing Address 60044190 2950 SW 27TH AVE 2950 SW 27TH AVE SUITE 300 SUITE 300 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 33-1085019 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, EDUARDO J SUITE 300 GROVE PROFESSIONAL BLDG. Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27TH AVE MIAMI, FL 33133 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, 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, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGR TITLE ☐ Change ■ Addition ☐ Delete DELGADO, ROLANDO NAME NAME 2950 SW 27TH AVE SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Detete ☐ Change ☐ Addition TITLE TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

FILED