2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000038875 02-13-2004 90086 001 ***550.00 FIRST FLORIDA HOLDING AND COMPANY VII, LLC Principal Place of Business Mailing Address 1600 15TH STREET PLAZA 15, NO. 310 1600 15TH STREET PLAZA 15, NO. 310 34000392 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 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 PALMISANO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1600 15TH STREET PLAZA 15, NO. 310 FORT LAUDERDALE, FL 33316 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE ☐ Change Addition TITLE ☐ Delete PALMISANO, MICHAEL NAME NAME 1600 15TH STREET PLAZA 15, NO. 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAMÉ 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 TITE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I nereby 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 13, 2004 8:00 am

Daytime Phone #