2008 LIMITED LIABILITY COMPANY

Feb 22, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000040676** 02-22-2008 90041 012 ***138.75 1. Entity Name CASPIAN DEVELOPMENT L.L.C. Principal Place of Business Mailing Address 2000 SOUTH DIXIE HIGHWAY, SUITE 100 2000 SOUTH DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 01-0801363 Not Applicable Country Zio 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 Name ABBASSI, ALEX Street Address (P.O. Box Number is Not Acceptable) 2000 SOUTH DIXIE HIGHWAY, SUITE 100 MIAMI, FL 33133 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Addition MGR. TITLE MGP □ Change HILE Delete NAME. ABBASSI, RAY NAME 2000 SOUTH DIXIE HIGHWAY, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 iiitt -MGR ☐ Delete ☐ Change □ Addition ABBASSI, ALEX NAME NAME 2000 S DIXIE HWY STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 ☐ Defe ta Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing 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 shr.! 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 o d to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

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