2006 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PH

Jul 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** 07-13-2006 90082 004 ****50.00 **DOCUMENT #L03000048889** COMAX PROPERTIES, L.L.C. 20048714 Principal Place of Business Mailing Address 3250 NW 23RD AVENUE, SUITE 0-100 3250 NW 23RD AVENUE, SUITE 0-100 C/O MAXWELL LLOYD C/O MAXWELL LLOYD POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business 2500 W. SAHPLE 3. Mailing Address 2500 W. Suite, Apt. #, etc Suite, Apt. #, etc. 06302006 CR2E083 (11/05) Chg-LLC POMPANO BEACH City & State 4. FEI Number Applied For City & State 20-0456347 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired ろるのりろ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., SUITE 485-SOUTH Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33021 Zip Code City Fi 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) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Addition ☐ Delete LLOYD, MAXWELL NAME NAME 2500 W. SAMPLE ROAD 3250 NW 23RD AVENUE, SUITE O-100 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP POMPANO BEACH, FL 33073 Change MGR TITLE □ Delete TITLE ☐ Addition COHEN, STEPHEN NAME NAME 2500 W. SAHPLE ROAD STREET ADDRESS 3250 NW 23RD AVENUE, SUITE O-100 STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP CITY-ST-ZIP POHPANO BEACH, FL 33073 TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing deep 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.

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

FILED

Daytime Phone #