2004 LIMITED LIABILITY COMPANY

May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2004 90118 038 ****55.00 **DOCUMENT # L03000049748** 1. Entity Name ATABLA MARKET PARTNERS LLC Principal Place of Business Mailing Address 24062863 1640 S. SEPULVEDA BLVD., #515 1640 S. SEPULVEDA BLVD., #515 C/O MARTY WEISS C/O MARTY WEISS LOS ANGELES, CA 90026 LOS ANGELES, CA 90026 2. Principal Place of Business 3. Mailing Address 445 E. RIVO ALTO DRI. 1640 S. SEPULVEDA BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 02132004 Chg-LLC CR2E083 (10/03) SUITE 515 City & State Applied For City & State 4. FEI Number 20-0466081 MIAMI BEACH, FLNot Applicable LOS ANGELES, Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33139 USA 90025 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRIFIRO, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 445 EAST RIVO ALTO DRIVE MIAMI BEACH, FL 33139 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 Signature. hyped 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, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition JAFFRAY, INC. NAME NAME 445 EAST RIVO ALTO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE T Change ☐ Addition 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 - ZIP CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MATTHEW FRIFING

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

1/26/04