2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Jul 12, 2004 8:00 am Secretary of State **DOCUMENT # L03000052306** 07-12-2004 90132 001 ****50.00 **OMNÍ PROPERTIES LLC** Principal Place of Business Mailing Address 101 GIARDINO DRIVE 101 GIARDINO DRIVE ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FFI Number Not Applicable Country \$5.00 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAVALLARO, MICHELE A ESQ. Street Address (P.O. Box Number is Not Acceptable) 215 N FEDERAL HWY DANIA BEACH, FL 33004 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change MGRM Delete TITLE ☐ Addition 7ITLE CAVALLARO, MICHAEL R NAME NAME STREET ADDRESS STREET ADDRESS 101 GIARDINO DRIVE ISLAMORADA, FL 33036 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition MGRM Delete TITLE TITLE NAME CAVALLARO, NANCY B NAME STREET ADDRESS STREET ADDRESS 101 GIARDINO DRIVE CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA, FL 33036 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ■ Addition ☐ Delete TTLE TITLE NAME NAME STREET ADDRESS STREET ACORES CITY-ST-ZIP CITY-ST-7/P TITLE Oelete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ■ Addition TITE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

IRE AND TYPED OF PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED