2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # L04000002980 04-10-2006 90037 017 ****50.00 SOUTH BAYSHORE HOLDINGS, LLC Principal Place of Business Mailing Address 1097 LE JEUNE RD 16810 SW 52 PLACE CORAL GABLES, FL 33134 SW RANCHES, FL 33331 Principal Place of Business 50 UNVERST Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number 20-1023344 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARAN CORREA & GUARCH, P.A. C/O FERNAND S. ARAN, ESQ 710 S DIXIE HWY CORAL GABLES, FL 33146-2602 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 age SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition MGR Delete TITLE Change TITLE NAME BALIUS, EMILIO NAME STREET ADDRESS STREET ADDRESS 1097 LE JEUNE RD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 Delete TITLE **X** Addition TITLE MANAGEMENT PERSONNELL SERVICES COCP. NAME NAME STREET ADDRESS STREET ADDRESS 5730 SW 100 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI 74 53156 Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Defete TITLE Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 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 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.

MANDOCMENT Remed

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

SIGNATURE:

FILED