2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # L04000015383 Secretary of State 1. Entity Name THREE INDIANS, LLC Puncipal Place of Business Mailing Address 17 NORTH HIBISCUS DRIVE MIAMI BEACH FL 33139 17 NORTH HIBISCUS DRIVE MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-0815983 Not Applicable Zip Country Zíp Country \$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 WALLNER, GEORGE 17 NORTH HIBISCUS DRIVE Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition me MGRM TITLE ☐ Change ☐ Delete NAME NAME WALLNER, GEORGE R MR. UNDOCKH86271 STREET ADDRESS STREET ADDRESS 17 N. HBIBISCUS DR. 03/23/06-80004-003 50.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE ☐ Delete BILE ☐ Change ∏ Addaig. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-SI-7P Change □ Attro TITLE ☐ Delete TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete □ Change TITLE □ Allim NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP KILE ☐ Delete DILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADURESS CATY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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