2005 LIMITED LIABILITY COMPANY

Feb 03, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # L04000025293 02-03-2005 90111 008 ****50.00 1. Entity Name CARLYLE PROPERTIES, LLC Principal Place of Business Mailing Address 20007267 1948 NE 123RD STREEET PO BOX 547005 SURFSIDE, FL 33154 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 42-1626009 Not Applicable Zip Country Zin 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 PAONESSA, LOURDES I Street Address (P.O. Box Number is Not Acceptable) 1948 NE 123RD STREET NORTH MIAMI, FL 33181 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 punted 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete THTLE Change ☐ Addition PAONESSA, LOURDES I NAME NAME 1948 NE 123RD STREET, SUITE 101 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP NORTH MIAMI, FL 33181 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-SI-ZIP TUTLE ☐ Delete TITLE Change Addition ____ 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP

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.11. Thereby certify that the information supplied with this filing does not quarify 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 spall 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.

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