2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000025753 05 APR 19 AH 11: 14 OPERA PLACE, LLC Principal Place of Business Mailing Address ATTN: WILLY A. BERMELLO ATTN: WILLY A. BERMELLO 2601 S. BAYSHORE DRIVE, 10TH FLOOR 2601 S. BAYSHORE DRIVE, 10TH FLOOR MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address 2601 S. Bayshore Dive 2601 S. Boyshore Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Chg-LLC CR2E083 (10/03) suite Suite 1000 1000 City & State City & State 4. FEI Number Applied For 2FF 812048 779 Miami Miami Not Applicable Florida Zip 7in Country Country \$5.00 Additional 5. Certificate of Status Desired 33133 33133 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Garcia, Fernando GARCIA, FERNANDO ESQ Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DRIVE, SUITE 1600 MIAMI, FL 33133 Ponce de Leon Blvd Suite 400 Zip Code 33434 - 6013 Miami 8. The above name a pritity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept egistered agent. the obligations SIGNATURE ered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State by May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. W60 TITLE ☐ Delete TITLE Change **Addition** BAP Opera Place U.C. 2001 S. Bayshore Drive NAME NAME STREET ADDRESS STREET ADDRESS Suite 1000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITI F TITLE 600052581**8**98 NAME NAME 04/28/05--01004--002 **50.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P Defete ☐ Change Addition TITI F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition TITLE ☐ Delete TITLE Change NAME 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. Willy A. Bamallo 04/12/2005 3058603704

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED

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