2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 19, 2005 8:00 am **DOCUMENT # L04000029876** Secretary of State 1. Entity Name GERÁLD DUTY, P.L. 04-19-2005 90023 033 ****50.00 Principal Place of Business Mailing Address 1200 ANASTASIA AVENUE 1200 ANASTASIA AVENUE **SUITE 310** SUITE 310 mercan 10 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 3. Mailing Address 2. Principal Place of Business 201 South Biscayur Blud 201 S. BISCAYME Blue Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 Chg-LLC CR2E083 (10/03) 28th Floor 4. FEI Number City & State City & State , Applied For 20-1013672 Miguzi Miami Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired USH 33131 331 USH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DU か DUTY, GERALD S Street Address (P.O. Box Number is Not Acceptable) 1200 ANASTASIA AVENUE **SUITE 310 CORAL GABLES, FL 33134** 28+4 Floor , ami 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. APIII 13, 2005 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to: Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM MGRM **Change** Delete ☐ Addition TITLE TITI F Gerald Duty DUTY, GERALD S NAME NAME 201 S. Biscay no Blud, 28+4 Floor 1200 ANASTASIA AVENUE, SUITE 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Mami FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TILE NAME MASAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME" STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE 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 eath; 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.

OF SIGNOIG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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April 13, 2005 305 913 7574