2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Jan 21, 2005 8:00 am **Secretary of State** DOCUMENT # L04000030520 01-21-2005 90097 004 ****50.00 DISCOUNT PROPERTIES, LLC Principal Place of Business Mailing Address ONE FINANCIAL PLAZA, SUITE 1600 ONE FINANCIAL PLAZA, SUITE 1600 20003272 FT. LAUDERDALE, FL 33394 FT. LAUDERDALE, FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01172005 CR2E083 (10/03) Cha-LLC City & State City & State 4. FEI Number Applied For 20-0982803 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUCCI, MARK S ESQ Street Address (P.O. Box Number is Not Acceptable) C/O BENSON, MUCCI & ASSOCIATES, LLP ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 s. The solution of the second plane per solution of the Due by May (1, 2005) where solution and critical second plane per solution of the second Make check payable to · Florida Department of State 中国工作的人工 斯斯拉山的人们 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10: TITLE TITI F Change Delete ☐ Addition NAME ALLWEISS, HARRISON NAME 5700 PEMBROKE ROAD STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33023 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete ☐ Change ☐ Addition DALEY, ERIC NAME NAME STREET ADDRESS 5700 PEMBROKE ROAD STREET ADDRESS HOLLYWOOD, FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition 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 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.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED