2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

BIGNATURE AND DEFED

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # L04000033036 04-13-2007 90043 016 ****50 00 1. Entity Name CACTUS 34, LLC **611136216** Mailing Address Principal Place of Business 512 FRONT STREET 512 FRONT STREET KEY WEST, FL 33040 KEY WEST, FL 33040 CR2E083 (11/05) 04092007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1174827 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPAS, RAYMOND J DO NOT WRITE **512 FRONT STREET** KEY WEST, FL 33040 IN THIS SPACE 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 little if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CAPAS BROTHERS, LLC NAME STREET ADDRESS 512 FRONT STREET CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing loss not qualify for the exemptions contained in Chapter 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 liability company or the receiver or trustee empowerer to execute this report as required by Chapter 608, Florida Statutes.

ABER, OR AUTHORIZED REPRESENTATIVE

FILED