2006 LIMITED LIABILITY COMPARY ANNUAL REPORT

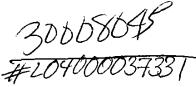
May 11, 2006 8:00 am Secretary of State **DOCUMENT # L04000037331** 04-10-2006 90187 001 ***450.00 1. Entity Name UPTOWN 1011, LLC Principal Place of Business Malling Address 18851 NE 29TH AVE. 18851 NE 29TH AVE. SUITE 1011 **SUITE 1011** AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-LLC CR2E083 (11/05) 4 FEI Number 204814094 City & State City & State Applied For Not Applicable Zip Zip 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 DADE COUNTY CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) **18901 NE 29TH AVENUE** SUITE 100 AVENTURA, FL 33180 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. (NOTE: Registered Agent signature required when renesating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Change Addition TITLE ☐ Delete TITLE 18851 NE 294 AVENUE, SUITE 1011 WALKS STIVELMAN, JACQUES C NAME STREET ADDRESS 2999 N.E. 191ST STREET, SUITE 803 STREET ADDRESS , FL 33180 AVENTURA, FL 33180 CITY-ST-7P CITY-\$1-712 Detete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP IIII F ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Detete IIII F ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

11. I hereby certify that the information supplied with this filing does 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 empoywered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: (30r) 935-5050 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT



Page 1 of 1

總	Internal Revenue	Service	The Digital	
	DEPARTMENT OF THE TREASURY		Daily	
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Federal Tax ID / EIN

This is your provisional Employer Identification Number: 20-4814094

Today's Date is: May 04, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4 Fill Out Another Form SS-4

Click <u>here</u> to return to the Internet Employer Identification Number landing (start) page.