2006 LIMÎTED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000044579 02-13-2006 90186 010 ****50.00 PALM DRIVE INVESTMENTS HOLDINGS, L.L.C. Principal Place of Business Mailing Address 20001401 406 SW 1ST ST 406 SW 1ST ST FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034 2. Principal Place of Business 3. Mailing Address 14021 J.W. 143 CT 14021 J.W. 143 CT Suite, Apt. #, etc. # 6 Suite, Apt. #, etc. 01132006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State MIAMI-RUCKIDA FIORIDA 20-1723997 Not Applicable Country Country \$5.00 Additional 33186 33186 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICARSO DAGFR DAGER, RICARDO L Street Address (P.O. Box Number is Not Acceptable) 406 SW 1ST ST FLORIDA CITY, FL 33034 J.W. 143 CT 14021 #6 Zip Code 39 186 MIAMI 8. The above named entity subm ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. MGRA ADDITIONS/CHANGES 9. MGRM Ricaido Change TITLE ☐ Addition TITLE ☐ Delete 500 143 ct # DAGER, RICARDO L NAME 14021 406 SW 1ST ST STREET ADDRESS STREET ADDRESS ian: - Fl 33 18 L FLORIDA CITY, FL 33034 CITY-ST-ZIP C!TY-ST-ZIP MGRM 2086 ☐ Addition ☐ Defete TITLE LOPEZ, JOSE E NAME NAME 406 SW 1ST ST STREET ADDRESS STREET ADDRESS _ FI 33186 CITY-ST-ZIP FLORIDA CITY, FL 33034 CITY-ST-ZIP 14021 Sw 143ct # 6 Delete TITLE TITLE GUTIERREZ, ROBERTO NAME STREET ADDRESS 406 SW 1ST ST STREET ADDRESS iami - Fl 33186 CITY-ST-ZIP FLORIDA CITY, FL 33034 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information experied 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 of trustee expressions to execute this report as required by Chapter 608, Florida Statutes. 10/06 30r) 858-2258 **SIGNATURE** NATURE AND TYPED OR PRINTED NAME OF BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 13, 2006 8:00 am