## 2007 LIMITED LIABILITY COMPANY

SIGNATURE:

FO NAME OF SIG

## Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L04000048923 04-23-2007 90368 008 \*\*\*\*55.00 LOYALTY PROPERTIES L.L.C. Principal Place of Business Mailing Address $v v \sigma$ 8550 WEST FLAGLER ST 8550 WEST FLAGLER ST SUITE 104 SUITE 104 MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04172007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-1707035 Not Applicable Zip Country Country Zιo \$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 Name GARCIA, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 8550 WEST FLAGLER ST **SUITE 104** MIAMI, FL 33144 Zip Code FI 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 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES CARLOS R Change MGR MGR Z Delete Addition TITLE TITLE GONZACEZ 8550 West Flaguer At. #104 GARCIA, MICHAEL NAME NAME STREET ADDRESS 1545 TREVINO AVE STREET ADDRESS 33144 CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIF PIMMEL MGR ☐ Delete TITLE Addition Addition TITLE HARIA E ONZACEZ NAME NAME ONZALEZ MARIA E. 685 SW 94 ATREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33156 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 11. I hereby certify that the intorpration 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 it made under oath, that I am a managing member or manager of the limited liability company of the receiver or trustee empowere po execute this report as required by Chapter 608, Florida Statutes.

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE