2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME

Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90234 005 ***138.75 DOCUMENT # L04000056154 OCEÁN PALM INVESTMENTS, LLC 60020535 Principal Place of Business Mailing Address 236 9TH STREET 236 9TH STREET MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 36-4558720 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISS, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 236 9TH STREET MIAMI BEACH, FL 33139 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State ş. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM. TITLE ☐ Delete TIDLE ☐ Change ■ Addition WEISS, BARBARA NAME NAME STREET ADDRESS 236 9TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY+ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7P THILE -Octob HTLE ____ Change ____ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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-7P TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED