2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

05-03-2005 90025 050 ****50.00 L04000061531

DOCUMENT # L04000061531 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name SAILBOAT POINTE, LLC 20056454 PM 3: 00 Principal Place of Business Mailing Address 3822 W. 12TH AVENUE 3822 W. 12TH AVENUE HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3857 W. 16 ANE 3. Mailing Address 16 ANS 3857 W. Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E083 (10/03) Chg-LLC City & State City & State
HIPLEAIT Applied For MIRLEAN Not Applicable Country 4817 \$5.00 Additional 411 5. Certificate of Status Desired 33012 つるのひ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LESTER, PAUL A Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 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 regressred agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MOL. TIFLE TITLE Delete Change Addition RONALD FIELDTONE NAME NAME STREET ADDRESS 201 AlHANIBAD CIRCLE #601 STREET ADDRESS CORAL GABLES, FI. 33134 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7P CITY - ST - ZIP TITLE C Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY.ST. 7IP CITY.ST.79 Delete ☐ Addition TITLE TITLE NAME MEME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Detete TELE Change ☐ Addition TITLE NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP TITLE Addition ITTLE Dalete Change . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certily that the information supplied with second is true and accurate and this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily that the information that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate limited liability company or the receiver of

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE