2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

WIND (BE INJERTHEND LIC.

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90057 002 ****50.00 DOCUMENT # L04000063204 WIND-ICE INVESTMENTS, LLC Principal Place of Business Mailing Address 1900 W. COMMERCIAL BLVD 1900 W. COMMERCIAL BLVD STF 200 STE 200 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-1871170 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOYLE, CONRAD J Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE CFO ☐ Defete TITLE **X** Change ■ Addition Chynoweth, Dale CHYWONETH, DALE NAME 1900 W COMMERCIAL BLVD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition KEENAN, BILL NAME NAME STREET ADDRESS 1900 W COMMERCIAL BLVD STE 200 STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITEE 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 ☐ Delete TITLE THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-5T-7IP CITY-ST-ZIP 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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Daytime Phone #