2006 LIMITED LIABILITY COMPANY

10

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT 04-24-2006 90064 030 ****50.00 DOCUMENT #L04000064204 1. Entity Name **LLL 6.5, LLC** 400~~ Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD., STE. 603 901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For APPLIED FOR 20 Not Applicable Zip Country Zio Country \$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 ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD., STE. 603 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City 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 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Delete TITLE ☐ Change Addition HENAO, LUIS NAME 901 PONCE DE LEON BLVD., STE. 603 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL. 33134 CITY-ST-ZIP MGR ☐ Change TITLE ☐ Delete TITLE Addition OSORNO, JUAN NAME NAME 901 PONCE DE LEON BLVD., STE. 603 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 City-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

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☐ Delete

SIGNATURE: