2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT May 02, 2006 08:00 Al Secretary of State **DOCUMENT #L04000065953** 1. Entity Name C M INVESTORS LLC Principal Place of Business Mailing Address 2828 CORAL WAY 7570 N.W. 70 STREET MIAMI, FL 33166 300 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 51-0525520 Not Applicable Zip Country Zìp 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 MARTIN, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 7570 N.W. 70 STREET MIAMI, FL 33166 City Zip Code F 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Delete TITLE TITLE ☐ Change ☐ Addition MARTIN, CHRISTIAN NAME NAME U00000559252 05/17/06-80130-002 50.00 STREET ADDRESS 7570 N.W. 70 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTIN, KLEBER NAME STREET ADDRESS AVE. 2ND CALLE IRA, MAPASINGUE OESTE KM 5 STREET ADDRESS CITY-ST-ZIP GUAYAQUIL, ECUADOR, CITY-ST-ZIP TITLE ☐ Delete ☐ 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 TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE Change ☐ Addition

11. I hereby 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

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

NAME

STREET ADDRESS

CITY-ST-ZIP