2007 LIMITED LIABILITY COMPANY

Mar 13, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L04000066003 03-13-2007 90118 003 ****50.00 1. Entity Name **G&R AVBORNE MIAMI, LLC** Principal Place of Business Mailing Address 60023298 5301 WISCONSIN AVENUE, N.W., SUITE 510 5301 WISCONSIN AVENUE, N.W., SUITE 510 WASHINGTON, DC 20015 WASHINGTON, DC 20015 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01152007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FEI Number 52-0882250 Not Applicable Zip Country 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 HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309 City Zip Code F٤ 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 Sgnature, typed or printed name of registered agent and title 4 applicable DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR MER **Change** ☐ Delete TITLE ☐ Addition Rose Samuel G. ROSE, SAMUEL G NAME NAME 7661 Fisher Island Drive STREET ADDRESS 5301 WISCONSIN AVE., SUITE 510 STREET ADDRESS Fisher Island, FL 33109 WASHINGTON, DC 20016 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE 🔽 Change Greenebaum, Stewart NAME GREENEBAUM, STEWART 441 Red Hawk Drive STREET ADDRESS 1829 REISTERSTOWN ROAD, SUITE 410 STREET ADDRESS CITY-ST-ZIP Jupiter FL 33477 BALTIMORE, MD 21208 CITY-ST-ZIP Delete ☐ Change TUBLE THE ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE DHE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 privacy or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

THILE NAME STREET ADDRESS

> Mémber AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Change

☐ Addition

FILED