FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90364 039 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| Notice Principal Place of Business No P.O. Box # 1.435 BRIDKELL AVE STE 3304 MAMM, P. 1.33131 | 1. Entity Nar | IMENT # L04000069 Tiasa llc | 9754 | | | 40075212 | | | |
|--|--|--|---|----------------------|----------------------------|--|---------------------------------|---------------------------|----------------------|
| Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. O3282007 ChgLLC CR2E083 (12/06) Chy & State Chy & State A. FEI Number A. FEI Numb | 1435 BRICKELL AVE STE 3304 1435 BRICKELL AVE STE | | | | 4 | | , | 1 (855) SMI 37 | |
| City & State Ci | Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | |
| All-2155518 Not Applicable Status Desired Status | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03282007 Chg-LLC | CR2E08 | I3 (12/0 6) | |
| SKOLA THOMAS J ESQ 100 SE SECOND ST STE 3300 MIAMI, FL 33131-2148 Street Address (P O. Box Number is Not Acceptable) City FL Zip Code C | City & State | | City & State | | | | | | |
| SKOLA, THOMAS J ESQ 100 SE SECOND ST STE 3300 MIAMI, FL 33131-2148 City FL Zip Code | Zlp | Country | Žip | Coun | ntry | 5. Certificate of Status Desired | _ ; | 5.00 Add | ditional id |
| Street Address (P.O. Box Number is Not Acceptable) | 6. Name and Address of Current Registered Agent | | | | | | | | |
| B. 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 Signiam, spead or present word agent and six ill applicable. Filling Fee is \$50.00 Due by May 1, 2007 Filling Fee is \$50.00 Due by May 1, 2007 ITHE MAR MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITHE MAR SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete TITLE S CALA, THOMAS J SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete TITLE Delete TITLE MAR SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete TITLE MAR SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete TITLE MAR SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete TITLE MAR SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete TITLE MAR SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete TITLE MAR SIRET ADDRESS CITY-ST-2P TITLE MAR MAR SIRET ADDRESS CITY-ST | 100 SE SE | ECOND ST STE 3300 | Street Address | | Street Address (I | P.O. Box Number is Not Acceptab | ie) | | |
| the obligations of registered agent. SIGNATURE Signalan, riped or private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required when revisited to the private name of the private name of the private name of registered agent and star is epichosia. (MOTE: Registered Agent signalan required agent required when revisited to the private name of registered agent name of regis | | - - - | | | City | | FL | Zip Cod | e |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR MENDARO, MARIA CARMEN MRS STRET ADDRESS CITY-ST-ZP MIAM, FL 33131 TITLE S CARMEN MARE STRET ADDRESS CITY-ST-ZP TITLE MARE STRET ADDR | SIGNATURE | - Signature, typed or printed name of registered agent | and title if applicable (NO | TE: Plagistere | d Agent signature required | | e and ada | yable to a | |
| TITLE MARE MENDARO, MARIA CARMEN MRS NAME NAME 1425 BRICKELL AVENUE UNIT 3304 CITY-ST-ZIP MIAMI, FL 33131 TITLE S CONTY-ST-ZIP Delete NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STR | | | RS/MANAGERS | 1 10 | | Sandan Marie and Carlot | 1.10111175/01-10 | | 一型推示(A) 企业(A) |
| TITLE SKOLA, THOMAS J Delete STRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM | TITLE NAME STREET ADDRESS | MGR MENDARO, MARIA CARMEN N 1425 BRICKELL AVENUE UNIT | Delete | TITLE NAM STRE | E Et adoress | , and the second | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with his filling does not qualify for the exame legal effect as if made under cath; 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. CARMEN MENDERS CITY-ST-ZIP (1. Change Addition A | NAME Street address | S SKOLA, THOMAS J 100 SE SECOND ST STE 3300 | ☐ Detete | NAMI STREE | E ET ADORESS | | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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. CARMEN MENDARO (I, IC /2071) | NAME STREET ADDRESS | | ☐ Delete | name Strei | E Et adoress | | . (| ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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. CARMEN MENDARO (I, IC /2071) | NAME Street address | | ☐ Delete | name Strei | E Et adoress | | (| Change | Addition |
| NAME STREET ADDRESS 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. CARMON MENDARO (I. / IC / 2071) | NAME STREET ADDRESS | | ☐ Delate | NAME STREE | E ET ADDRESS | | (| Change | Addition |
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| | indicated limited lia | on this report is true and accurate and billity company or the receiver or trustee CARMON MC | that my signature shall have a empowered to execute this | the same | legal effect as if m | ade under oath; that I am a mana; | urther certify t ging member | hat the info or manage | rmation or of the |