## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE:

## FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000070283 1. Entity Name ZUCCA, LLC 06 SEP 14 AM 10: 06 Principal Place of Business Mailing Address 316 SUNSET DRIVE 316 SUNSET DRIVE FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09072006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FE! Number 56-2314443 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Benjamin E. Olive, Eso ZIFRONY, MATTHEW ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 3301 2400 E. Las Olas Blud Lauderd 8. The above named entity su e 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 registe SIGNATURE Make check payable to ANDREGO AR IS 950.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. PRETO, LLC 2400 E LAS OLAS BLVD SWITE B TITLE MGRM TITLE Change ☐ Addition PRETO, LLC NAME NAME STREET ADDRESS 316 SUNSET DRIVE STREET ADDRESS FORT LAWDERDALE FL 33301 CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition MGRM BAROLO LLC NAME NAME BAROLOLLC OLAS BLVD SUITE B 316 SUNSET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Change Addition TITLE ☐ Delete TITLE MGRM B.B.S. (U.S.A) LLC 2400 E. LAS CLAS BUD SUITE B NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 83301 Change ☐ Delete TITT E MGRM Addition TITLE TLINK SOCUTIONS, LLC 2400 E. LAS OLAS BLVD SUITE B NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE 33301 ☐ Change ☐ Delete TITS F ☐ Addition TITLE NAME NAME 900080043699 STREET ADDRESS STREET ADDRESS 09/21/06--01061--014 \*\*50.00 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITL F Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #