2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 08, 2007 8:00 am Secretary of State

05-08-2007 90110 010 ****50.00

DOCUMENT # L04000070841 QUEÉN DEVELOPERS, L.L.C. 60049641 Principal Place of Business Mailing Address 1110 BRICKELL AVE STE 402 1110 BRICKELL AVE STE 402 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1697488 Not Applicable Zip Zio 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 Name GUILLERMO, REINA Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE STE 401 MIAMI; FL 33131 City Zip Code 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, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR TITLE ☐ Delete ☐ Change ☐ Addition REINA, GUILLERMO NAME NAME STREET ADDRESS 1110 BRICKELL AVE STE 402 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change 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 ☐ 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

ith this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 11. I hereby certify that the information supplied v gnature shall have the same legal effect as it made under oath; that I am a managing member or manager of the ed to execute this report as required by Chapter 608, Florida Statutes. nd that my indicatéd on this report is true ind accurate limited liability company or the receiver or tr tee em

SIGNATURE: