2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Mar 10, 2006 8:00 am Secretary of State DOCUMENT # L04000076275 03-10-2006 90127 039 ****50.00 1. Entity Name **BIRD VENTURES. LLC** Principal Place of Business Mailing Address 20014512 2950 SW 27TH AVE 2950 SW 27TH AVE STE 300 STE 300 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1780051 Not Applicable Zip Country Zip 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 GARCIA, EDUARDO JR. Street Address (P.O. Box Number is Not Acceptable) SUITE 200 GRAND BAY PLAZA 2665 SOUTH BAYSHORE DRIVE Suite MIAMI, FL 33133 300 ⁷⁹33°33 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 TITI F ☐ Defete TITLE ☐ Change ☐ Addition GARCIA JR, EDUARDO NAME NAME STREET ADDRESS 2950 SW 27TH AVE #300 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or

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