2005 LIMITED LIABILITY COMPANY

Apr 22, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000077744** 04-22-2005 90051 012 ****55.00 GABLES INVESTMENT MANAGEMENT, LLC Principal Place of Business Mailing Address UUZUU1 V 2000 PONCE DE LEON BOULEVARD 2000 PONCE DE LEON BOULEVARD **6TH FLOOR 6TH FLOOR** CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-1849492 City & State City & State Applied For Not Applicable Country Zip Country Ziσ \$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 FLORIDA INCORPORATOR Street Address (P.O. Box Number is Not Acceptable) 2730 WHITE SANDS DRIVE SUITE 3-A SARASOTA, FL 34231 Zio 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES TITLE ☐ Defete MM F MGRM ☐ Change * UMRAN DEMIRORS NAME NAME 6310 SAN VICENTE ST. CORAL GABLES, FL 33146 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE MGRM MEI-LING G. WONG-DEMIRORS NAME NAME STREET ADDRESS STREET ADDRESS 6310 SAN VICENTE ST. C/TY-ST-7/P CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE Delete BILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

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IMRAN DEMIRORS 4/15/2005 TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE