2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L04000078531 04-30-2007 90071 001 ****50.00 ISLAND REEF PROPERTIES, LLC Principal Place of Business Mailing Address 260 CRANDON BOULEVARD 260 CRANDON BOULEVARD #8 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 LIS US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1401 Brickell Ave 1401 Brickell Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-LLC CR2E083 (12/06) 3*5*−0 3<u>20</u> 4. FEI Number Applied For City & State City & State 20-2633279 MIAMI Not Applicable Zip Country Zin \$5.00 Additional 5. Certificate of Status Desired 33131 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent santiago omero GUARDAZZI, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 260 CRANDON BOULEVARD #8 KEY BISCAYNE, FL 33149 Zip Code 331 Miani ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this star the obligations of registered agent. Komero* (NOTA Registered Agent signature required when reinstating) Signature, typed or printee in the or registered agent and title if applic Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Change ☐ Addition MGRM Delete TITLE TITLE NAME **CESIUM LC** NAME 1401 Brickell Ave #320 260 CRANDON BOULEVARD # 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP Miami, Fl. 33131 Change Addition TITI F ☐ Delete TITLE R. F. G. INTERNATIONAL LC NAME NAME STREET ADDRESS 781 CRANDON BOULEVARD # 701 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete NAME NAME

STREET ADDRESS

CITY-ST-7IP

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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED