2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Secretary of State 05-05-2005 90022 014 ****50.00 **DOCUMENT # L04000080118** EMECE REAL ESTATE, LLC Principal Place of Business Mailing Address 2121 PONCE DE LEAON BLVD STE. 330 2121 PONCE DE LEAON BLVD STE. 330 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 11900 Biscayne Blvd 3. Mailing Address 11900 Biscayne Blvd Suite, Apt. #, etc. Ste. 270 01052005 Chg-LLC CR2E083 (10/03) Ste. 270 City & State City & State 4. FEI Number Applied For Miami, FL 33181 FL 33181 Miami, Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORTIZ, MICHAEL ESQ Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEAON BLVD STE. 330 CORAL GABLES, FL 33134 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Delete MGR TITLE TITLE Change Addition Obregon, Luis 11900 Biscayne Blvd, #270 Miami, FL 33181 NAME ROBBINS, IRWIN NAME STREET ADORESS 2121 PONCE DE LEON BLVD., STE 330 STREET ADDRESS CITY-ST-ZIF CORAL GABLES, FL 33134 CITY-ST-ZIF TITLE □ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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. 305 976 5270 Michael OIty Anthorized Representance

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

FILED May 05, 2005 8:00 am

Daytime Phone #