2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # L04000082366** 1. Entity Name CST ASSOCIATES, LLC 04-18-2005 90072 008 ****50.00 Principal Place of Business Mailing Address 1535 S.W. 2ND AVENUE, SUITE 2 1535 S.W. 2ND AVENUE, SUITE 2 MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, DONALD P ESQ Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVENUE, 14TH FLOOR 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MANAGER ☐ Change ☐ Addition TITLE TITLE MEL SCHUSTER NAME NAME 1535 S.W. 2 20 AUE #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI ☐ Change ☐ Addition MANAGER TITLE RICHARD M. CARLTON, MD 3 SECOR DRIVE NAME STREET ADDRESS STREET ADDRESS PORT WASHINGTON, NY CITY-ST-ZIP CITY-ST-ZIP MANAGER JOHN K.TSE ☐ Change ■ Addition TITLE MLE 281 PIERMONT ROAD NAME NAME STREET ADDRESS STREET ADDRESS NORWOOD, NJ 07648 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete TILE 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 oath; that I am a managing member or manager of the limited liability company or the regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

IG MANAGING MEMBER, BANAGER, OR AUTHORIZED REPRESENTATIVE

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