2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # L0400082399 1. Entity Name BREF TROY, LLC						04-15-2005 9	0023 041 ****	50.00
Principal Place of Business 1200 BRICKELL AVENUE STE. 1720 MIAMI, FL 33131 Mailing Address 1200 BRICKELL AVENUE STE MIAMI, FL 33131				20				
2. Principal P	Place of Business	3. Mailing Address C/O BCOM, Inc.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			imrri mid er did iri Burri A d iti	. 2010: 16119 ISBC IIITO IO		
		Suite, Apr. W, etc.		03222005	Chg-LLC	CR2E083 (10/	03)	
City & State		City & State		4. FEI Number)8/J68		Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of	of Status Desired	□ \$5.00 Fee Rec	Additional
	6. Name and Address of Curren	t Registered Agent			7. Name and /	Address of New R		
DALACHI	ASI ANI		N	Name	•			
PALACHI, ASLAN 1200 BRICKELL AVENUE STE. 1720 MIAMI, FL. 33131			s	Street Address (P.O. Box Number is Not Acceptable)				
		City				FL 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) DATE								
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Fi Di	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEME	BERS/MANAGERS	10.				Department of S	
9.	MANAGING MEME	☐ Delete	TITLE	· ·		Florida	Department of S	State
9.	MANAGING MEME MGK COM INVESTMENT	7 MATTAGEN LLLP	1	DDRESS		Florida	CHANGES	State
9. TITLE NAME	MANAGING MEME	7 MATTAGEN LLLP	TITLE NAME			Florida	CHANGES	State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEME MGK DCOM INV(STMEN) 12W DNIGGELL GA	7 MATTAGEN LLLP	TITLE NAME STREET AD CITY-ST-2			Florida	CHANGES	nge 🔀 Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGK DCOM INV(STMEN) 12W DNIGGELL GA	7 MAMAGEN LLIP K. SUTK 1720	TITLE NAME STREET AD CITY-ST-2	ZIP		Florida	CHANGES Chan	nge 🔀 Addition
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11.1 referby certify that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes, I further certify that the information indicated on this report is true and acturate and that my signature shall have the same legal effect as if made under cath; 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.

SIGNATURE: VI PUCAU TO L'IN INTERIOR DE PRINTED NAME OF SUNDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

4-15-0

305-375-0090