2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000084035 06-30-2006 90059 012 ****50.00 1. Entity Name RV A, LLC Mailing Address Principal Place of Business 1 FINANCIAL PLAZA, SUITE 2001 1 FINANCIAL PLAZA, SUITE 2001 C/O DBR ASSET MANAGEMENT, LLC: C/O DBR ASSET MANAGEMENT, LLC FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06052006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number City & State City & State 20-1745459 20-1945459 Not Applicable Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, DAVID G 1401 EAST BROWARD BLVD., SUITE 200 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33301 Zip Code City 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 alignature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM Change ☐ Addition TITLE ☐ Delete TITLE Managing Members NAME **TURCHIN, LESLIE S** NAME Michael Hecht & Jeffrey Klausner STREET ADDRESS STREET ADDRESS 1 FINANCIAL PLAZA, SUITE 2001 Co-Trustees of the Leslie S. Turchin CITY-ST-ZIP FORT LAUDERDALE, FL 33394 CITY-ST-ZIP Trust dated September 16; 2003 ☐ Delete TITLE Change ☐ Addition TITLE c/o Hecht and Company, P.C. NAME NAME 111 W. 40th Street, 20th Floor STREET ADDRESS STREET ADDRESS NY, NY 10018 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 TITLE ☐ Delete TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 30, 2006 8:00 am

Deytime Phone #