2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State 03-23-2006 90260 030 ****50.00 **DOCUMENT # L04000086687** BAY HAR DEVELOPMENT, LLC Principal Place of Business Mailing Address 2645 N.E. 207 STREET 2645 N.E. 207 STREET NO. MIAMI, FL 33180 NO. MIAMI, FL 33180 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 37-1501300 Not Applicable Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEOPOLD, KORN & LEOPOLD, P.A. Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180 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 it applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to ٠ ٤ Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Addition TITLE MGR ☐ Delete TITLE Change NAME BOANO, GABRIEL NAME 2645 N.E. 207 STREET STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI, FL 33180 ☐ Change Addition MGR ☐ Delete TITLE TITLE AVANKIAN, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 2645 N.E. 207 STREET CITY-ST-ZIP NO. MIAMI, FL 33180 CITY-ST-7IP MGR Delete . TITI F TITLE NAME SAWICKI, DANIEL NAME STREET ADDRESS 2645 N.E. 207 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI, FL 33180 ☐ Addition Change ☐ Detete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Change Addition ☐ Delete IIITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ` Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS $\frac{aJ_{\frac{n}{2}}-1}{2}-\frac{1}{2}$ 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 sugnature 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED Mar 23, 2006 8:00 am

Daytime Phone ∉