🔑 🙎 🙎 Ó 05 LIMITED LIABILITY COMPANY

Apr 01, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000087443 04-01-2005 90156 018 ****50.00 ELITÉ HOLDINGS GROUP IX, LLC Principal Place of Business Mailing Address **40040700** 152 NE 167TH STREET 152 NE 167TH STREET SUITE #500 SUITE #500 MIAMI, FL 33162 MIAMI, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number 20-19608 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIVIL TRIAL PRACTICE, P.A. Street Address (P.O. Box Number is Not Acceptable) 152 NE 167TH STREET ... SUITE 300 MIAMI, FL 33162 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 ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE □ Change ☐ Addition AELION, DAVID NAME NAME STREET ADDRESS 152 NE 167TH STREET - SUITE #500 STREET ADDRESS CITY-ST-71P CITY-ST-7IP MIAMI, FL 33162 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRIME HOLDINGS, LLC NAME STREET ADDRESS 1877 S. FEDERAL HIGHWAY - SUITE 110 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP MGRM Delete TITLE ☐ Change ☐ Addition TITLE SOTO, ANGEL NAME NAME STREET ADDRESS 4224 HOLLYWOOD BOULEVARD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ■ Addition WEINBERG, MARC NAME NAME STREET ADDRESS **1352 NE 163RD STREET** STREET ADDRESS NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

MANAGINO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

STREET ADDRESS

FILED