2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 12, 2007 8:00 am Secretary of State **DOCUMENT # L04000090998** 04-12-2007 90181 049 ****50.00 7SW8781, LLC Principal Place of Business Mailing Address 60035452 12900 S.W. 89TH COURT 12900 S.W. 89TH COURT MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 03292007 Chg-LLC City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 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 lamiliar 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Change ☐ Addition TITLE ☐ Delete NAME GARÇIA, ROLAND JR NAME 12900 SOUTHWEST 89TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete ☐ Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED