2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

EIGNATURE AND TYPED OR PRINTED NAME OF S

May 01, 2007 8:00 am Secretary of State **DOCUMENT # L05000007218** 05-01-2007 90325 011 ****50.00 FORT PIERCE NO. 1, LLC Principal Place of Business Mailing Address 2101 N.W. 110TH AVENUE 2101 N.W. 110TH AVENUE MIAMI, FL 33172 MIAMI, FL 33172 04272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5241396 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONATHAN H. GREEN & ASSOCIATES, P.A. DO NOT WRITE 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131 IN THIS SPACE 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 algosture required when remetating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE NAME L.A.G., LIMITED PARTNERSHIP 2101 N.W. 110TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADDRESS DTY-ST-719 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 11. I hereby certify that the information supplied with this fying 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 that 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 employment to execute this report as required by Chapter 608, Florida Statutes.

ALCHORUZED REPRESENTATIVE

FILED

Daytime Phone #