2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90332 036 ***138 75 **DOCUMENT # L05000019193** DEL MAR REAL ESTATE, L.L.C. Principal Place of Business Mailing Address 60013315 4014 CHASE AVE 204 4014 CHASE AVE 204 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For 20-2399642 Not Applicable Country Country Zip \$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 ROSEN, PHILIP C Street Address (P.O. Box Number is Not Acceptable) 8551 W SUNRISE BLVD., SUITE 208 FT. LAUDERDALE, FL 33322 3131 NE 188 ST 2604 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. BEBUARSO DIESCIL SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIEBER, BERNARDO NAME NAME 5600 COLLINS AVENUE, APT, 17Y STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Change ☐ Addition NAME LOSCHER, ELIZABETH NAME STREET ADDRESS 5600 COLLINS AVE, APT 17Y STREET ADDRESS CHY-ST-7P MIAMI BEACH, FL 33140 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition NAME PADILLA, ANTONIO STREET ADDRESS 5600 COLLINS AVE APT 17Y STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 TITLE Change ☐ Delete TITLE ■ Addition 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 186) 326-7171 SIGNATURE:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED