2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT #L05000024318** 04-25-2007 90031 030 ****50.00 1. Entity Name 9726 INDIGO STREET LLC Principal Place of Business Mailing Address 10250 SW 110TH STREET 10250 SW 110TH STREET TIVV MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9730 Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 57-1218870 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required Registered Agent 7. Name and Address of New Registered Agent Name D=103 RAPANOS, JOHN Street Address (P.O. Box Number is Not Acceptable) 10250 SW 110TH STREET MIAMI, FL FL 30 Zip Code City Ian, 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 ered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM .TITLE **MGRM** TITLE Change ■ Addition ☐ Delete Repares Development Group Lic RAPANOS DEVELOPMENT GROUP LLC NAME NAME 8730 E H.SISCHS ST 10250 SW 110TH STREET STREET ADDRESS STREET ADORESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIF Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADORESS City-St-ZIP CTTY-ST-ZIP THILE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-5T-7P ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ 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. Horida 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, Horida Statutes. SIGNATURE: 786-271-312

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #