2006 LIMITED LIABILITY COMPANY

Jan 27, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000027192 01-27-2006 90074 010 ****50.00 MACMAS INVESTMENTS LLC Principal Place of Business Mailing Address C/O THE LLC C/O THE LLC 900 N. FEDERAL HIGHWAY, SUITE 230 900 N. FEDERAL HIGHWAY, SUITE 230 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2522114 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MACCIOLI, GERARD Street Address (P.O. Box Number is Not Acceptable) 900 N. FEDERAL HIGHWAY, SUITE 230 BOCA RATON, FL 33432 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) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGR Delete TITLE ☐ Change Addition NAME MACCIOLI, GERARD NAME ROY MAIA LUJO 900 N. FEDERAL HIGHWAY, SUITE 230 STREET ADDRESS STREET ADDRESS 150 PASSAIC AUC CITY-S1-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP PASJAIC NT 07055 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NÁME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SURFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Change

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

FITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

17 2006 SIGNATURE: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT