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FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90061 008 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027844

1. Entity Name
2101 HOLDINGS, LLC

20040593

Principal Place of Business	Mailing Address
17100 NE 11TH AVENUE NORTH MIAMI BEACH, FL 33162	17100 NE 11TH AVENUE NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business	3. Mailing Address
1002 NE 176th Terrace	1002 NE 176th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach Fl 33162	City & State: North Miami Beach, Fl
Zip: 33162 Country: USA	Zip: 33162 Country: USA

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-2556217 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSCH, JOSEPH
17100 NE 11TH AVENUE
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name: Joseph Ausch
Street Address (P.O. Box Number is Not Acceptable): 1002 NE 176th Terrace
City: North Miami Beach FL Zip Code: 33162

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: Joseph Ausch
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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSCH, JOSEPH 17100 NE 11TH AVENUE NORTH MIAMI BEACH, FL 33162	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ausch, Joseph 1002 NE 176th Terrace N. Miami Beach Fl 33162	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE: [signature] Joseph Ausch MGR 4/23/06 917 642 7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #