2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 18, 2007 8:00 am Secretary of State DOCUMENT #L05000035491 05-18-2007 90220 034 ****50 00 HAVÁNA GARDENS, L.L.C. Principal Place of Business Mailing Address 40116567 115 S. ROYAL POINCIANA BLVD. 115 S. ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOX 012376 PO BOX 012376 Suite, Apt. #, etc. 05092007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For MIAMI FLOKIDA MIAMI FLORIDA NOT APPLICABLE Not Applicable Country \$5.00 Additional 33101 5. Certificate of Status Desired MIAML DADE MISMI-DAVE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERGIO FERNANDEZ FERNANDEZ, RICARDO Street Address (P.O. Box Number is Not Acceptable) 115 S. ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166 CITY PALMETTO BAY 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 bile if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR Delete MGR TITLE Change . ☐ Addition FERNANDEZ, RICARDO FERNANDEZ, RICARDO NAME 115 S. ROYAL POINCIANA BLVD. STREET ADDRESS STREET ADDRESS PO BOX 012376 CITY-ST-ZIF MIAMI SPRINGS, FL 33166 CITY-ST-ZIP MIAMI, FL 33101 ☐ Delete ☐ Change ☐ Addition FERNANDEZ, SERGIO NAME NAME STREET ADDRESS 8885 S.W. 161ST STREET STREET ADDRESS CITY-ST-ZIP PALMETTO BAY, FL 33157 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-78P 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, 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE

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