2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

RE: MATURE AND TOPED ON PRINTED HAND OF SIGNING MAK

SIGNATURE:

Apr 10, 2006 8:00 am Secretary of State **DOCUMENT #L05000038566** 03-28-2006 90012 021 ****50.00 FOUR ISLA BAHIA INVESTMENTS, L.L.C. Mailing Address Principal Place of Business UUUU 2 ~ ~ ~ C/O BRUCE MATZEL C/O BRUCE MATZEL 1411 STATE ROUTE #35 N 1411 STATE ROUTE #35 N OCEAN. NJ 07712 OCEAN, NJ 07712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01182006 CR2E083 (11/05) 4. FEI Number 20-2843381 Applied For City & State City & State Not Applicable Country Country Zio \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent BOFSHEVER, HAROLD S Street Address (P.O. Box Number is Not Acceptable) 4875 NORTH FEDERAL HIGHWAY, SEVENTH FLOOR FORT LAUDERDALE, FL 33308 City Zio Code 8. The above named entity submitts this remarkant 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, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of regulated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TILLE MLE Delete Change Addition MALE MATZEL, BRUCE MALIF STREET ADDRESS 1411 STATE ROUTE #35 N STREET ADDRESS CITY-SI-7IP OCEAN, NJ 07712 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP IIILE Octob MOLE Change ☐ Addition NAME NAME STREET ANYMETS KTHEST ANIMESS CITY-\$7-21P CITY-ST-ZIP TITLE ☐ Deteta TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MLE ☐ Deteta Change ☐ Addition MALES NALIF STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY ST. 7P Delete TITLE ITILE □ 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 affect 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 exempt this report as required by Chapter 608, Florida Statutes.

MBER, MAKAGER, OR AUTHORIZED REPRESENTATIVE

FILED

3-22-06

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