FILED Jun 07, 2007 8:00 am Secretary of State

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2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT 04-25-2007 90043 007 ****50 00 **DOCUMENT #L05000040505** 1. Entity Name T-VILLAGE 614, LLC 3001013 Principal Place of Business Mailing Address 18851 NE 29TH AVE. 18851 NE 29TH AVE. **SUITE 1011 SUITE 1011** AVENTURA, FL 33180 AVENTURA, FL 331B0 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/08) City & State City & State 4. FEI Number Applied For APPLIED FOR 20-2768 706 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DADE COUNTY CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 18901 N.E. 29TH AVENUE SUITE 100 AVENTURA, FL 33180 Zip Code 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 Syntams, typed or printed name of registered egent and title if applicable (NOTE: Registered Agons signature required when remetating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE INLE Addition NAME CSG8 HOLDINGS, LLC 18851 NORTHEAST 29TH AVENUE SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZP AVENTURA, FL 33180 CITY-SI-ZP IIITE ☐ Deleta ITILE ☐ Chance Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7P ☐ Delette TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Celeta TITLE ☐ Chance ■ Addition NAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-78 TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP 11. I hereby cartify 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 eath; 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. (301) 935.5000 SIGNATURE:

MANAGURO MEMBER MANAGER OF AUTHORIZED REPORTENTATIVE

Carry Committee of the Committee of

ATTACHMENT

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

300035 #L050004050 Date of this notice: 05-17-2005

0.292 702

Employer Identification Number: 20-2788706

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

to go wroneway in great was

TVILLAGE 614 LLC % CSGB HOLDINGS LLC MBR 2999 NE 191ST ST STE 803 AVENTURA FL 33180

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-2788706. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

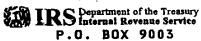
Form 1065

04/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)

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ATTACHMENT

HOLTSVILLE NY 11742-9003

In reply refer to: 0132662078 May 24, 2005 LTR 147C 20-2788706 000000 00 000

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TVILLAGE 614 LLC % CSGB HOLDINGS LLC MBR 2999 NE 191ST ST STE 803 AVENTURA FL 33180

Employer Identification Number: 20-2788706

Dear Taxpayer:

Thank you for the inquiry dated Apr. 27, 2005.

We found an Employer Identification Number for your entity on our system, therefore we will not be validating the EIN you applied for on our internet web site. Please use the following EIN already assigned to your entity: 20-2788706.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Num	ber ()	Hours
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We apologize for any inconvenience we may have caused you, and thank