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Secretary of State
03-23-2006 90268 016 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000041565

1. Entity Name
530 75TH STREET LLC

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. 4TH FLOOR AVENTURA, FL 33180 US	20801 BISCAYNE BLVD. 4TH FLOOR AVENTURA, FL 33180 US

2. Principal Place of Business	3. Mailing Address
1900 Glades Road	1900 Glades Road
Suite, Apt. # etc.: Suite # 207	Suite, Apt. #, etc.: Suite # 207
City & State: Boca Raton	City & State: Boca Raton
Zip: 33431 Country: USA	Zip: 33431 Country: USA

03032006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-2767462 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAPIRA, ARIEL 20801 BISCAYNE BLVD. 4TH FLOOR AVENTURA, FL 33180	Name: Ariel Shapira Street Address (P.O. Box Number Is Not Acceptable): 1900 Glades Road Suite 207 City: Boca Raton FL Zip Code: 33431

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MATARA USA INVESTMENT & MANAGEMENT LLC	NAME	
STREET ADDRESS	20801 BISCAYNE BLVD. 4TH FLOOR	STREET ADDRESS	1900 Glades Road # 207
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARIEL SHAPIRA 03/14/06 561-3981662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #