2006 LIMITED LIABILITY COMPANY

Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000043400** 04-28-2006 90011 032 ****50.00 1. Entity Name ALC - MIAMI BEACH, LLC Principal Place of Business Mailing Address 777 ARTHUR GODREY ROAD 24555 HALLWOOD COURT FARMINGTON HILLS, MI 48335 MIAMI BEACH, FL 33140 2. Principal Place of Business 3. Mailing Address 777 Arthur Godfrey Suite, Apt. #, etc. 04172006 Chg-LLC CR2E083 (11/05) 5016e 300 City & State City & State 4 FFI Number Applied For Miami 20-2688454 Not Applicable 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 HENSLEY, JULIA Street Address (P.O. Box Number is Not Acceptable) 777 ARTHUR GODREY ROAD MIAMI BEACH, FL 33140: City Zip Code FL 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, 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition PIECUCH, KEVIN NAME NAME STREET ADDRESS 24555 HALLWOOD COURT STREET ADDRESS CITY-ST-ZIP FARMINGTON HILLS, MI 48335 CITY-ST-78P TITLE ☐ Delete TITEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TOTE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

EAND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP