2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 23, 2008 8:00 am Secretary of State **DOCUMENT # L05000051596** 04-23-2008 90129 037 ***138.75 GABLES COURT CONDOMINIUM 308, LLC Principal Place of Business Mailing Address 60027464 4811 SW 74 TERR 308 ALHAMBRA CIR MIAMI, FL 33143 MIAMI, FL 33134-5004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3013964 Not App‼cable Zip Country Zip 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 DANIEL, KEIL M PA Street Address (P.Q. Box Number is Not Acceptable) 6500 COWPEN RD STE 301 MIAMI LAKES, FL 33014 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when rainstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete TITLE ☐ Change NAME DEUCE MIAMI, INC NAME 6060 SW 78TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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-719 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 tenort 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.

PAULETTE VARGAS

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

4/17/08

(305) 446-1120

Daytime Phone #

FILED