2008 LIMITED LIABILITY COMPANY

Jan 30, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000051621** 01-30-2008 90092 049 ***138.75 MIAMI MUNICIPAL STRATEGIES, LLC 60004776 Principal Place of Business Mailing Address 4000 MALAGA AVE 4000 MALAGA AVE MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Cho-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2901626 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desireo Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEEMS, LORI K Street Address (P.O. Box Number is Not Acceptable) 112 EAST JEFFERSON STREET 2ND FLOOR TALLAHASSEE, FL 32303 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NGTE: Registered Agent signature required when relistating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE ☐ Celete TITLE Charge. Addition PRIEGUEZ, MANNY NAME NAME STREET ADDRESS 4000 MALAGA AVE. STREET AD DRESS MIAMI, FL 33133 CITY-ST-7IP CITY-ST-ZIP **MGRM** Delete ☐ Change Addition TITLE WEEMS LORIK NAME STREET ADDRESS STREET ADDRESS 1838 FERNANDO DRIVE TALLAHASSEE, FL 32303 0/Tr-5/-4P DITY-ST-ZP Charge Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Change Addition ☐ Celete III? E MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THT! F NAME STREET AUDRESS STREET ADDRESS CITY-ST-&P CITY-ST-7IP

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☐ Change

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11. It 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.

TITLE

MAME

STREET ADDRESS

CITY-SI-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1-25-07 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #