2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNS

Secretary of State DOCUMENT # L05000055949 02-09-2006 90153 030 ****50.00 1. Entity Name OASIS AT ANTILLA, LLC Principal Place of Business Mailing Address 1401 PONCE DE LEON BLVD. 1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134 SUITE 200 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 33- [1] 881 9 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAW OFFICES OF CARRILLO & CARRILLO, P.A. Street Address (P.O. Box Number is Not Acceptable) 1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134 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 tamiliar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Sigma Capital Portners Dode TITLE ☐ Change ☐ Addition 1401 Ponce De Leon Blud, suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coial Gables, or TITLE TITLE ☐ Change Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP CLM Investments, LLC Delete 8550 W. Stiert, Sv. fe 116 miami, KL 33144 TIRE 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 DILE ☐ Delete TIRE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. 305-460-6001

FILED Feb 27, 2006 8:00 am

Daysone Phone #



Attachment 30001107

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2006

OASIS AT ANTILLA, LLC 1401 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134

Subject: OASIS AT ANTILLA, LLC

Reference Number:

L05000055949

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MS ANNUAL REPORTS SECTION