2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000057032 1. Entity Name LUZÉRNE, L.L.C. Principal Place of Business Mailing Address 2517 NE 26TH AVE 2517 NE 26TH AVE

FILED Mar 31, 2008 08:00 AN Secretary of State

LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 03032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3224664 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent IRA R. SHAPIRO, P.A. DO NOT WRITE 16375 NE 18TH AVENUE, #225 NORTH MIAMI BEACH, FL 33162 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS U00000876359 04/11/08-80069-020 138.75 MGR TITLE STESNEY, BERNARD L NAME 6969 SUNRISE DRIVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.