2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME

TITLE

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NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

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May 09, 2006 8:00 am Secretary of State 05-09-2006 90007 008 ****50.00 DOCUMENT # L05000060844 HIGHLAND BEACH AZURE LLC 20045169 Principal Place of Business Mailing Address 565 EAST HILLSBORO BLVD. 565 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-LLC CR2E083 (11/05) 4. FEI Number 56-251981 City & State City & State Applied For Not Applicable Zip Country 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 DEUTSCH, STEVEN W ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O FRANK, WEINBERG, & BLACK, P.L. 7805 SW 6TH COURT PLANTATION, FL 33324 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE ☐ Delete TITLE MGRM GENESIS ÄZURE WÜ SES EAST HIUSEORD SWIS WEERFIEW BEACH, FL 33VVI Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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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.

NAME

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PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #