2008 LIMITED LIABILITY COMPANY

FILED Feb 27, 2008 8:00 am **Secretary of State**

02-27-2008 90077 032 ***138.75

ANNUAL REPORT	
DOCUMENT # L05000064627 1. Entity Name	
2521 MARATHON, LLC	

Principal Place of Business Mailing Address **60010990** 300 SE 2ND STREET 300 SE 2ND STREET FT. LAUDERDALE, FL 33301 10TH FLOOR FT. LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4479162 Not Applicable Country Country Zip Zip \$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 Robert Esposito JONES, PATRICIA Street Address (P.O. Box Number is Not Acceptable) C/O STILES CORPORATION Stiles Corporation 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301 300 SE 2nd Street City FOrt Lauderdale 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. Robert Esposito Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to · Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME TWS INVESTMENTS, LTD. NAME STREET ADDRESS 300 S.E. 2ND STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE, FL 33301 ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE 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 . TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Terry W. Stiles

January 31, 2008

954-627-9300