2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L05000070379

Entity Name: GRAND TURNING POINT PLAZA, L.L.C.

Current Principal Place of Business:

16215 SW 117TH AVENUE
UNIT #1
MIAMI, FL 33177

New Principal Place of Business:

16575 SW 117TH AVENUE
MIAMI, FL 33177

Current Mailing Address:

16215 SW 117TH AVENUE
UNIT #1
MIAMI, FL 33177

New Mailing Address:

16575 SW 117TH AVENUE
MIAMI, FL 33177

FEI Number: 20-3180220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNEZ, ANDRES R
16215 SW 117TH AVENUE
UNIT #1
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

NUNEZ, ANDRES R
16575 SW 117TH AVENUE
MIAMI, FL 33177 US

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.

SIGNATURE: _____ 04/25/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NUNEZ, ANDRES R
Address: 16215 SW 117TH AVENUE #1
City-St-Zip: MIAMI, FL 33177

Title: MGRM ( ) Delete
Name: L.B.D. OF SOUTH FLOR, IDA, INC.
Address: 2468 SW 137TH AVENUE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NUNEZ, ANDRES R
Address: 16575 SW 117TH AVENUE
City-St-Zip: MIAMI, FL 33177

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDRES R NUNEZ MGRM 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date