2006 LIMITED LIABILITY COMPANY

Feb 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** 02-10-2006 90167 030 ****50.00 **DOCUMENT #L05000071055** 2955 INVESTMENTS V LLC Principal Place of Business Mailing Address 20007145 2955 EAST 11TH AVENUE 2955 EAST 11TH AVENUE HIALEAH, FL 33013 US HIALEAH, FL 33013 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number 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 WRIGHT, BLANDIN J Street Address (P.O. Box Number is Not Acceptable) 121 ALHAMBRA PLAZA SUITE 1000, ALHAMBRA TOWERS CORAL GABLES, FL 33134 City 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 familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and site 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE . ☐ Delete TITLE Change ☐ Addition ALONSO, AMANCIO NAME NAME STREET ADDRESS 2955 EAST 11TH AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change 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 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AMANCIO

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

SIGNATURE:

ALONSO- PIZESIDENT

FILED

205-691-7814