2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 04, 2006 8:00 am Secretary of State 05-04-2006 90018 047 ****50.00 DOCUMENT #L05000073243 TWPB INVESTMENTS, LLC 60036004 Principal Place of Business Mailing Address 4101 PINE TREE DRIVE, #1703 4101 PINE TREE DRIVE, #1703 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-LLC CR2E083 (11/05) 4. FEI Number - 3207978 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 Name SILVERMAN, ADAM J Street Address (P.O. Box Number is Not Acceptable) 2800 PONCE DE LEON BLVD., SUITE 1125 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete TITLE MGR Steven Gottlieb NAME NAME 4101 Pine Tree Dr., #1703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33140 TITLE ☐ Delete TITLE ☐ 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 Defete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIF

4 73-00305-710-6611

Daytime Phone #

Change

Addition

FILED

ATTACHMENT #L05000073243

Breier, Seif, Herman & Silverman, P.A.

ATTORNEYS AT LAW

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AVENTURA

18851 N.E. 29 AVENUE

SUITE 405

AVENTURA, FL 33180

April 28, 2006

Via Certified Mail
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re:

C.S.O Investments, LLC and TWPB Investments, LLC

2006 Limited Liability Company Annual Report

Dear Sir or Madam:

Enclosed please find the 2006 Limited Liability Company Annual Reports for C.S.O Investments, LLC and TWPB Investments, LLC, along with the filing fees for both companies.

Please call me if you have any questions.

Sincerely

ERICA L. DUNMYER

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Enclosure

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