FILED Apr 17, 2007 8:00 am Secretary of State 04-17-2007 90249 026 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L05000073567 1. Entity Name THE CONTINUUM 3405, LLC | | | | | | U | กกาเก่ | H U | |
|--|--|---|-----------------------------------|--|--|-----------------------------|--------------|-------------------|-------------------------------|
| l | ce of Business ILL KEY DRIVE, SUITE 0-305 33131 | Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 | | | | | | | |
| 2. Principal | Place of Business - No P.O. Box ≢ | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01092007 | ' Chg-LLC | CR2E | E083 (12/06 | i) | |
| City & State | | City & State | | | 4. FEI Num 20-32 | ber 21155 | | ⊢ | Applied For Not Applicable |
| Zip | Country | Zip | Coun | try | 5. Certifica | te of Status Desi | red Dev | \$5.00 A | |
| | 6. Name and Address of Current | RATION, LLC | | 7. Name and Address of New Registered Agent Name | | | | | |
| | OBAL CORPORATE ADMINIS KELL KEY DRIVE, SUITE 0-30 33131 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | F | | |
| 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. | | | | | | | | | |
| Old William | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | E: Registered | Agent signature required | d when reinstating) | <u> </u> | DATE | | |
| | iling Fee Is \$50.00 ue by May 1, 2007 | | | | Make check payable to Florida Department of State | | | | |
| 9. | MANAGING MEMBE | | 10. | | | ADDITIO | ONS/CHANGE | | |
| HAME STREET ADDRESS CITY-ST-ZIP | MGR MULTI CORPORATE SERVICES 520 BRICKELL KEY DR # G-305 MIAMI, FL 33131 | , INC. | | CARA | doso A Bricke | ntonio 11 Key 11 3313 | DRIVE | □ Change Sulte | / \ |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Delista | | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | □ Dekta | | T ADDRESS ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Deleta | TITLE NAME STREE CITY- | T ADDRESS | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delate | TETLE NAME STREET | T ADDRESS ST-ZIP | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | I ADDRESS ST-ZP | | | | Change | Addition |
| ingicated (| entify that the information supplied with to on this report is true and accurate and the allay company or the receiver or trustee of the company or the receiver or trustee. | hat my signatura shali haye it | OFFIRE SE | logal effect as if m | and under and | i thail am a me | naging membe | er or manage | er of the |
| SIGNAT | URE: MUNTO PROPERTY NAME OF | MONIO CAR | 20 fe | JONIOA. | NTATIVE | 3/ 3 L /30 Date | | 375-0 | 1460 |