2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT #L05000080025** 04-06-2006 90297 042 ****50.00 NORTH SHORE INVESTMENTS, LLC Principal Place of Business Mailing Address **241 NORTH SHORE DRIVE** 241 NORTH SHORE DRIVE MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 733795 16 -1 Not Applicable Ζip 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 MELAND, RUSSIN, HELLINGER & BUDWICK, P.A. Street Address (P.O. Box Number is Not Acceptable) 3000 WACHOVIA FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI, FL 33131 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered apert and side if applicable (NOTE: Registered Agent signature required when renutating) 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. MGRM TITLE TITLE Change ☐ Addition BROSCOLOTOS LOS COA-GROUP UC NAME MARK 241 N. Shore Dr STREET ADDRESS STREET ADDRESS CITY-ST-71P Miame Beach, Pc 33141 CITY-ST-74P 6000 (D)699 πŒ ☐ Change ☐ Addition MLE C Octob NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 80,0000 BBOM TITLE Change ☐ Addition TITLE ☐ Deletz KALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP MILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Chance Addition TELE ☐ Delete KWE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Change ☐ Addition ☐ Delete TOLE NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - 71P 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 eath; 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. U-2-06

FILED