2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE.

Secretary of State 02-06-2006 90171 004 ****50.00 DOCUMENT # L05000082871 1. Entity Name TEO, LLC. 64460004 Principal Place of Business Mailing Address P.O. BOX 801338 3143 N.E. 211TH STREET AVENTURA, FL 33180 AVENTURA, FL 33280 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable 20-3338945 Zip Country Country Zip \$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 MINUCHIN, SALOMON Street Address (P.O. Box Number is Not Acceptable) 3143 N.E. 211TH STREET AVENTURA, FL 33180 City Zip Code FL 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 sgent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition MINUCHIN, SALOMON NAME NAME STREET AODRESS 3143 N.E. 211TH STREET STREET ADDRESS AVENTURA, FL 33180 CITY-ST-7IP CITY - ST- 718 MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME MINUCHIN, RUTH NAME STREET ADDRESS 3143 N.E. 211TH STREET STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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 fue 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 under execute this report as required by Chapter 608, Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 06, 2006 8:00 am

83-476 670 3185410399 Date 0 1 - 3 1 - 2006

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ALIACHMENT
SALOMON MINUCHIN
RUTH YOLANDA KIBRICK
P.O. BOX 801338
MIAMI, FL 39280

Pay to the order of DIVISION OF COR FORATIONS __ \$50.= Dollars 🗗 🚐

CITIBANNES BER 18519 TEO LLC
100 ALGORITHM TEO LIABILITY CONF.

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3195410399# 0434

2006 LIMITED LIABILITY COMPANY

| | ANNUAL | REPORT | | | | | | |
|--|--|--|-----------------------|--|----------------------|--|--|-----------------------------|
| DOCUMENT # L05000082871 1. Entity Name TEO, LLC. | | | | | | - | | |
| Principal Place of Business , 3143 N.E. 211TH STREET AVENTURA, FL 33180 | | Meiling Address P.O. BOX 801338 AVENTURA, FL 33280 | | | LIMENTON ON | cara a constant a constant con | . Briti illin ilbêl iske ladti ki | lfa; di 4211 |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01122006 | Chg-LLC | CR2E083 (11/05) | |
| City & State | | City & State | | | 4. FEI Numbe 20-3338 | | | oplied For of Applicable |
| Zip | Country Zip Cour | | try | 5. Certificate | of Status Desired | S \$5.00 Add | litional d | |
| Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | |
| MINUCHIN, SALOMON 3143 N.E. 211TH STREET AVENTURA, FL 33180 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| AVENTOR | | | | | | | | |
| D. D. Land and C. H. Andrews a | | | City | FL Zip Code | | | | |
| 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 famillar with, and accept the obligations of registered agent. | | | | | | | | |
| SIGNATURE Signature, typed or printed name of inguistance agent and fills if applicable (MOTE: Registered Agent aligneture registered when reinfillating) OATE | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | e check payable to Department of Stat | • |
| 9. | MANAGING MEMBE | | 10. | | | ADDITIONS/ | | |
| TITLE NAME STREET ADORESS | MGR MINUCHIN, SALOMON 3143 N.E. 211TH STREET | ☐ Delete. | TITLE NAME ETRE | | | | Change | ☐ Addition |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | | -51 · ZIP | | | | |
| TITLE | MGRM MINUCHIN, RUTH | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | 3143 N.E. 211TH STREET AVENTURA, FL 33180 | | | ET ADDRESS - \$1- DP | | | | |
| TITLE | , | ☐ Delete | TITLE | | | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS ST-ZIP | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | STRE | ET ADORESS - ST-ZIP | | | | |
| TITLE MAME | | ☐ Dalete | TITLE | | | | Change | Addition |
| STREET ADDRESS CHTY-ST-ZIP | | | | et adoress -s1-zip | | | | |
| TITLE | | Delete | TITUE | | | | Change | Addition ! |
| STREET ADDRESS CITY-ST-ZIP | 1 | | STRE | ET ADDRESS - 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 socurate and that my signature shall have the same legal effect as if made under cetth, that I am a managing member or manager of the limited liability company or the year-very or justed septiment. | | | | | | | | |
| (1) 20 20 (1) | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED TAME OF MATTING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | | |