¹ 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L05000106658 05-10-2007 90423 001 ****50.00 1. Entity Name A L A C INVESTMENT LLC Principal Place of Business Mailing Address **60020119** 2200 SALERMO CICRCLE 2200 SALERMO CIRCLE WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt #. etc. 1st MOORE CR2E083 (10/06) City & State Applied For 4. FEI Number City & State 20-3737056 Not Applicable Country \$5.00 Additional Zio Country -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) REYES, GEORGIA 2828 CORAL WAY # 300 MIAMI, FL 33145 Zip Code City 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, typed or printed nerie of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW III FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change TITLE MGR ☐ Delete TITLE ☐ Addition MANOSALVA, ALBERTO 160 BONAVENTURE BLVD #203 Bld6 NAME NAME STREET ADDRESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY - ST-ZIP ☐ Change TITLE Addition Delete MILE MANOSALVA, LEONARDO 160 BONAVENTURE BLVD #203 Bld6 NAME NAME STREET ADDRESS STREET ADORESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE MGR NAME NAME MANOSALVA, ALBERTO J. STREET ADOPESS STREET ADDRESS 160 BONAVENTURE BLVD #203 Bld6 CITY-ST-ZIP CITY - ST - ZIP WESTON, FL 33326 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MGR MANOSALVA, CARLOS NAME 160 BONAVENTURE BLVD #203 Bld6 STREET ADDRESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CETY - ST - ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

30/24/07

FILED

May 10, 2007 8:00 am

305-443-9695