2006 LIMITED LIABILITY COMPANY

Jan 30, 2006 8:00 am Secretary of State **ANNUAL REPORT** 01-30-2006 90155 013 ****55.00 **DOCUMENT # L05000111408** SAN SEBASTIAN HARBOR PROJECT, LLC Principal Place of Business Mailing Address 101 SOUTH VICTORIA PARK ROAD 101 SOUTH VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address 1999 Brownsboro Road 1999 Brownsboro Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-4182663 City & State City & State Applied For Louisville, KY Louisville, KY Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired 40206 40206 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Katherine G. Jones HERSCOVICL RANDY Street Address (P.O. Box Number is Not Acceptable) 101 SOUTH VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301 780 North Ponce de Leon Boulevard City St. Augustine 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 (NOTE: Registered Agent signature required when reinstating) nd little if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE X Delete TITLE MGR ☐ Change **X** Addition HERSCOVICI, RANDY James J. Roth, Jr. 1999 Brownsboro Road Louisville, KY 40206 NAME NAME STREET ADDRESS 101 SOUTH VICTORIA PARK ROAD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete THTLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change TITLE ☐ Addition 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-ZIP

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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.

20/06 Katherine G. Jones SIGNATURE: