2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # L05000116740** 04-24-2006 90038 004 ****50.00 GL BOATERS LLC Principal Place of Business Mailing Address 8660 W FLAGLER ST 8660 W FLAGLER ST 200 PEDADTA ATT ~~ ~~ 200 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number 20-389302 City & State City & State Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEITMAN, LORN Street Address (P.O. Box Number is Not Acceptable) 8660 W FLAGLER ST #200 MIAMI, FL 33144 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. ■ Addition Change MGRM TITLE TITLE ☐ Delete MAME LEITMAN, LORN NAME STREET ADDRESS STREET ADDRESS 8660 W. FLAGLER ST., #200 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33156 ☐ Change ☐ Addition TITLE MGR ☐ Delete TITLE BARNI, GUSTAVO NAME NAME STREET ADORESS 8660 W. FLAGLER ST., #200 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33144 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Сhange ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F 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 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.

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JRE: LOAN LE 10 11/20 OR PRINTED NAME OF BIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED