2007 LIMITED LIABILITY COMPANY

FILED Apr 24, 2007 8:00 am Secretary of State

Daytime Phone #

ANNUAL REPORT

04-24-2007 90118 030 ****50.00 DOCUMENT # L06000007489 PRECIOUS PROPERTY MANAGEMENT, LLC Principal Place of Business Mailing Address 2004 NE 49TH STREET 2004 NE 49TH STREET 60039821 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State 20-4140197 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTOLOME, ELMO V Street Address (P.O. Box Number is Not Acceptable) 2004 NE 49TH STREET FORT LAUDERDALE, FL 33308 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARTOLOME, ELMO V NAME NAME STREET ADDRESS 2004 NE 49TH STREET STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP ☐ Delete ☐ Change □ Addition TITLE TITLE BARTOLOME, DELILAH NAME NAME 2004 NE 49TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-7IP TITLE MGRM Delete TITLE ☐ Change ☐ Addition BARTOLOME, CEASAR NAME NAME STREET ADDRESS 2004 NE 49TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 employees to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE