## 2007 LIMITED LIABILITY COMPANY

SIGNATURE:

## Secretary of State ANNUAL REPORT 03-22-2007 90177 015 \*\*\*\*50.00 **DOCUMENT # L06000009679** 1. Entity Name EASTHAVEN INVESTMENTS, LLC 00027686 Mailing Address Principal Place of Business 5835 BLUE LAGOON DRIVE, SUITE 302 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI\_Number City & State 20-4215 Not Applicable Country Country 🐝 Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALOYRA, JOSE SUITE 300, GROVE PROFESSIONAL BUILDING Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27TH AVENUE ... MIAMI, FL 33133 City FΙ 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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Change Delete TITLE ☐ Addition TITLE MEDEROS, JORGE C NAME NAME 5835 BLUE LAGOON DRIVE, SUITE 302 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-7IP ☐ Defete HILF ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete BILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-2IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change FITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rmation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the pareceiver or trustee empowered to execuje this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the in indicated on this report limited liability company

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** Mar 22, 2007 8:00 am

Daytime Phone #

Easthaven Investments

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-4215318

Today's Date is: January 31, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.