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May 02, 2007 8:00 am
Secretary of State
04-16-2007 90341 008 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000010284

1. Entity Name
COLUMBUS CIRCLE, LLC

30006559

Principal Place of Business	Mailing Address
C/O EVERGREEN OVERSEAS HOLDINGS, INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL	C/O EVERGREEN OVERSEAS HOLDINGS, INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL

04092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4268138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AZRIA, ISABELLE E ESQ.
C/O AZRIA LAW FIRM, P.A.
420 LINCOLN ROAD, SUITE 235-B
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name NAMECHE Dominique
Street Address (P.O. Box Number is Not Acceptable)
960 NE 74th St
City MIAMI FL Zip Code 33138

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 D. Nameche 4/11/07
Signature, type or 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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Victor UZAN Manager 7301 Belle Meade Island Dr Miami, FL, 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Geraldine Levanas Manager 7301 Belle Meade Island Dr Miami, FL, 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: V. UZAN 04/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #