2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 02, 2007 8:00 am Secretary of State **DOCUMENT # L06000025131** 05-02-2007 90353 021 ****50.00 A+ RÉAL ESTATE CONSULTING, LLC Principal Place of Business Mailing Address 145 S.E. 25TH ROAD 145 S.E. 25TH ROAD 603 603 MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Country Zip ountry Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NIXON, SUSAN Street Address (P.O. Box Number is Not Acceptable) 145 S.E. 25TH ROAD 603 MIAMI, FL 33129 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, hydrod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NIXON, SUSAN NAME NAME STREET ADDRESS 145 S.E. 25TH ROAD, #603 STREET ADDRESS MIAMI, FL 33129 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 reggiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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