2008 LIMITED LIABILITY COMPANY

May 02, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000033838 05-02-2008 90035 001 ***971.25 1. Entity Name PARC LOFTS HOLDINGS, LLC Principal Place of Business Mailing Address 30005608 701 BRICKELL AVENUE, SUITE 2050 701 BRICKELL AVENUE, SUITE 2050 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-8245869 Not Applicable Zip Country Zip Country \$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 World Corporate Services, Inc. HERNANDEZ, CESAR G Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE <u> 2665 S. Bayshore Drive. Suite 703</u> **SUITE 2030** MIAMI, FL 33131 Zip 29433 Miami 8. The above named entity submits this statement for the purpose or changing its registered office or registered agent, or both, in the State of Florida)D. Xichards, President 4/ 1 am familiar with, and accept 30/08 the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE TITLE MGR ★ Change ☐ Addition HERNANDEZ, CESAR G NAME Hernandez. Cesar G. 701 Brickell Avenue, Suite 2030 NAME 701 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MGR Delete Addition Change TITLE IITI F HERNANDEZ, GUSTAVO NAME NAME Hernandez, Gustavo 701 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS 701 Brickell Avenue, Suite 2030 Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Change Addition Delete TITLE TITLE NAME Vilchez, Carlos STREET ADDRESS STREET ADDRESS 701 Brickell Avenue, Suite 2030 CITY-ST-ZIP CITY-ST-7IP Miami, FL 33131 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/08

(305) 858-9900

Daytime Phone #

Date

limited liability company or the receiver or trustee emp

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED