2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 12, 2007 8:00 am Secretary of State **DOCUMENT # L06000037023** 02-05-2007 90199 006 ****50.00 1. Entity Name WAVERLY HOLDINGS LLC Principal Place of Business Mailing Address 9172 COLLINS AVE. #205 17150 COLLINS AVE. SUITE 101 30004591 SURFSIDE, FL 33154 PMB 312 SUNNY ISLES BEACH, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FELNumber Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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 registated 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 MGR TITEE ☐ De∃ete TITLE ☐ Change ☐ Addition MARTIN, ALEX ASENSI NAME NAME 9172 COLLINS AVE. #205 STREET ADORESS STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 CITY-ST-ZIP IIItE MGR Delete TITLE ☐ Change Modition | NAME MARTIN, JUAN ASENSI NAME 9172 COLLINS AVE. #205 STREET ADDRESS STREET ADDRESS CITY-51-ZIP SURFSIDE, FL 33154 CITY-51-2/P TITLE ☐ Delete TITLE ☐ Change 4 Addition DSENS! MARTIN, ALFONSO NAME NAME STREET ADDRESS STREET ADDRESS 17150 COLLING AVE, A 101 CHY-SI-ZIP CITY-SI-ZIP SUNNY IS LES BEACH, 3/60 TITLE Delete TIT+ F -Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De'ete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ete THUE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-Z/P 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 flability company or the receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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