2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # L06000038017 04-13-2007 90037 036 ****50.00 **EQUÍNOX AT TRADITION, LLC** Principal Place of Business Mailing Address 116 WOLF ROAD 116 WOLF ROAD C/O EQUINOX COMPANIES C/O EQUINOX COMPANIES ALBANY, NY 12205 ALBANY, NY 12205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E083 (12/06) Chg-LLC City & State City & State Applied For 4. FEI Number 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 CFRA, LLC Street Address (P.O. Box Number is Not Acceptable) 4221 W BOY SCOUT BLVD., SUITE 1000 TAMPA, FL 33607 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 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME KING, J. ERIC NAME 116 WOLF ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALBANY, NY 12205 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TIT1 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 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 (lability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED