2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # L06000046279** 04-28-2008 90037 018 ***138.75 MEDEROS CRYSTAL LAKE CONDOS INVESTORS, LLC Mailing Address Principal Place of Business 60029759 5835 BLUE LAGOON DRIVE, SUITE 302 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-4827791 Not Applicable Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Baloura BALOYRA, JOSE L ESQ. Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27TH AVENUE, SUITE 300 MIAMI, FL 33133 Blue Lagran Dr. Stc. 302 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Delete TITLE ☐ Chance ☐ Addition TITLE CONVERSION CONSULTANTS, LLC NAME NAME STREET ADDRESS 5835 BLUE LAGOON DRIVE, SUITE 302 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ 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 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED O

FILED

Daytime Phone #