


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90190 046 ***138.75

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| DOCUMENT # L06000050870 |  |
| 1. Entity Name EMERALD PLACE PARTNERS, LLC | |

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| Principal Place of Business 1395 BRICKELL AVENUE, STE. 900 MIAMI, FL 33131 | Mailing Address 1395 BRICKELL AVENUE, STE. 900 MIAMI, FL 33131 |
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| 2. Principal Place of Business - No P.O. Box # 370 Minorca Ave Suite, Apt. #, etc. | 3. Mailing Address 370 Minorca Ave Suite, Apt. #, etc. |
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| City & State Coral Gables FL Zip 33134 Country USA | City & State Coral Gables FL Zip 33134 Country USA |
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| 6. Name and Address of Current Registered Agent WOOD, RICHARD A ESQ. 1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name Ximena Berrios Street Address (P.O. Box Number is Not Acceptable) 370 Minorca Ave City Coral Gables State FL Zip 33134 |
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| 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 Ximena Berrios <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE 4.24.08 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOLLY, WILLIAM H 1395 BRICKELL AVENUE, STE. 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 370 Minorca Ave Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: Wm Holly <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | 4.24.08 305) 777 0300 <small>Date Daytime Phone #</small> |
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04252008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-4903951 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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