2007 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED &

Apr 26, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000053608 04-10-2007 90079 038 ****50.00 TANGLEWOOD MANAGEMENT, LLC Principal Place of Business Mailing Address 17701 BISCAYNE BLVD., SUITE 201 17701 BISCAYNE BLVD., SUITE 201 30005808 AVENTURA, FL 33160 AVENTURA, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Act. #. etc. Suite, Apt. #, etc. 02122007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State Not Applicable Country \$5.00 Additional Zip Country Ziο 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUBIN, JOSHUA L ESQ. Street Address (P.O. Box Number is Not Acceptable) 17701 BISCAYNE BLVD., SUITE 201 AVENTURA, FL 33160-. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (sinstating) 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. TITLE **MGRM** TITLE ☐ Delete ☐ Addition ☐ Change DUBIN, JOSHUA L NAME 17701 BISCAYNE BLVD., SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZE AVENTURA, FL 33160 CITY-ST-ZIP MGRM ☐ Delete TITLE TITLE ☐ Chance ☐ Addition REITER, KAREN NAME MAAJE STREET ADDRESS 17701 BISCAYNE BLVD., SUITE 201 STREET ADDRESS CITY-ST-70P AVENTURA, FL 33160 CITY-SI-ZIP TITLE ☐ Detete TITLE ☐ Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ 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 tiling 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED