2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 18, 2007 8:00 am Secretary of State **DOCUMENT # L06000059994** 01-18-2007 90020 023 ****55.00 SYMPHONY SOUTH 1409, LLC Principal Place of Business Mailing Address 967 MARINA DR. 967 MARINA DR. WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSCAR GRISALES-RACINI, PA Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 STREET, PH 8 AVENTURA, FL 33180 City Zip Code FL 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Change MGRM ☐ Addition TITLE ☐ Delete TITLE USANDIZAGA, GUSTAVO NAME NAME 967 MARINA DR. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-79P WESTON, FL 33327 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete тпе NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADORESS

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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.

CITY-ST-ZIP

CITY-ST-ZIP

GUSTAUD USANDIZAGA SIGNATURE: