2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # L06000062788** 04-30-2008 90027 034 ***138.75 BLUE LAGOON RESIDENTIAL DEVELOPERS, LLC. Principal Place of Business Mailing Address 50005467 10 NW 42ND. AVENUE 10 NW 42ND. AVENUE SUITE 700 SUITE 700 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3530 SW 22ND ST. 3530 SW 22ND ST Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-LLC CR2E083 (12/06) **SUITE 916 SUITE 916** City & State 4. FEI Number City & State MIAMI, FLORIDA Applied For MIAMI, FLORIDA 20-5073856 Not Applicable Country USA Country USA Zip Zip 33145 \$5.00 Additional 5. Certificate of Status Desired 33145 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PUIG. ENRIQUE PUIG, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 10 NW 42ND. AVENUE, 3530 SW 22ND ST. SUITE 916 SUITE 700 MIAMI, FL 33126 City Zip Code 33145 MIAMI 8. The above named entity submits this statement for the purpose 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. 04-28-08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE ☐ Delete TITLE MGRM Change Addition PUIG, ENRIQUE **PUIG, ENRIQUE** NAME NAME STREET ADDRESS 10 NW 42ND, AVENUE, SUITE 700 STREET ADDRESS 3530 SW 22ND ST. SUITE 916 MIAMI, FL 33145 CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MGRM NAME NAME MOURIZ: REINALDO J. -STREET ADDRESS STREET ADDRESS 3530 SW 22ND ST. SUITE 916 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33145 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the powered to execute this report as required by Chapter 608. Florida Statutes 11. I hereby certify that the information supplied with this # indicated on this report is true and accurate and that limited liability company or the receiver or trustee em 04/28/08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF S HING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED