2007 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT 03-27-2007 90203 028 ****50.00 DOCUMENT # L06000067467 RM HIALEAH 80, LLC 00043743 Principal Place of Business Mailing Address 14160 PALMETTO FRONTAGE ROAD, SUITE 21 14160 PALMETTO FRONTAGE ROAD, SUITE 21 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-5154627 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ruiz 4/εχανύεν CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 Frontage 2.1 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 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MOR TITLE ☐ Delete TITLE Alexander Ruic NAME NAME 14160 Palmette Frontage Rd, Suite 21 STREET ADDRESS STREET ADDRESS Miami Lakes, F1. 33016 CITY-ST-ZIP CITY-ST-7IP John Marchisello ☐ Delete TITLE TITLE NAME NAME 14/60 Palmetto Frontage Rd, Svike 21 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME

FILED Mar 27, 2007 8:00 am

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP