2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L06000067749 08 MAY 16 AM 8: 36 DEARBORN INVESTMENTS LLC Mailing Address Principal Place of Business 2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE STE 703 STE 703 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5202385 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 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 ☐ Defete TITI F ☐ Change ■ Addition RICHARDS, TIMOTHY D NAME NAME 2665 SOUTH BAYSHORE DRIVE STE 703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP MGR ☐ Channe Addition ☐ Delete TITLE TITLE LLUCH, JAVIER I NAME 600128658246 05/06/08--01011--018 **16 NAME 2665 SOUTH BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS **1676.25 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7IP MGR ☐ Addition ☐ Change Delete TITLE TITLE RON, JOSE ANTONIO NAME NAME STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Channe TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. 1. Through 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. 1. Through the information supplied with this filling 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. 1. Through the company of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

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