2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # L06000073888** 04-26-2007 90036 043 ****50.00 1. Entity Name SH LÁGO MAR, LLC Principal Place of Business Mailing Address 8211 WEST BROWARD BLVD., PH-2 8211 WEST BROWARD BLVD., PH-2 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-LLC CR2E083 (12/06) 83-04643 Applied For City & State City & State 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 THERREL BAISDEN, P.A. Street Address (P.O. Box Number is Not Acceptable) ONE S,E, 3RD AVENUE, SUITE 2950 SUNTRUST INTERNATIONAL CENTER MIAMI, FL 33131 Zip Code 3332 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition PETER C. GARDNER BLUD, I BALL W. BROWARD BLUD, I FL 33324 ☐ Delete TITLE P ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change AIFRED HAMILTON 8211 W. BROWARD BLVP, PH-2 NAME NAME STREET ADDRESS STREET ADDRESS <u>333</u>ష4 City-St-ZIP CITY-ST-ZIP PLANTATION TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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.

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