2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE

NAME STREET ADDRESS

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NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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May 11, 2007 8:00 am Secretary of State DOCUMENT # L06000074008 05-11-2007 90192 043 ****50.00 NR CENTER COURT DEVELOPERS, LLC Principal Place of Business Mailing Address υυυυυυυ 18425 NW 2ND AVENUE, #360 18425 NW 2ND AVENUE, #360 MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33169 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIELDSTONE, RONALD Street Address (P.O. Box Number is Not Acceptable) 201 ALBAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Change ☐ Delete ■ Addition SHOSHANI, NIR NAME NAME STREET ADDRESS 18425 NW 2ND AVENUE, #360 STREET ADDRESS CITY+ST-7IP CITY-ST-7IP MIAMI GARDENS, FL 33169 TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition GOTTESMANN, RON NAME STREET ADDRESS 18425 NW 2ND AVENUE, #360 STREET ADDRESS MIAMI GARDENS, FL 33169 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 11. I hereby certify that the information supplied with 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.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #