2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 04, 2008 8:00 am Secretary of State **DOCUMENT # L06000083214** 04-04-2008 90138 033 ***138.75 1. Entity Name GOLFBROOK ASSETS HOLDINGS, LLC Mailing Address Principal Place of Business 60019868 22290 S.W. 162 AVENUE 22290 S.W. 162 AVENUE MIAMI, FL 33170 MIAMI, FL 33170 CR2E083 (12/07) 01212008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8618135 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUAREZ, ALBERTO J DO NOT WRITE 22290 S.W. 162 AVENUE MIAMI, FL 33170 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SUAREZ, ALBERTO J NAME 22290 S.W. 162 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33170 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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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 receivered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: TED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE