2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

May 30, 2008 8:00 am Secretary of State **DOCUMENT # L06000084882** 05-01-2008 90029 041 ***138.75 MIAMI SKYLINE GROUP, LLC Principal Place of Business Mailing Address PETRANAC 1110 BRICKELL AVENUE STE 200 1110 BRICKELL AVENUE STE 200 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1450 BRICKELL BAY DR. 1450 BRICKELL BAY DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 05232008 CR2E083 (12/06) Chg-LLC APT 311 APT. 311 City & State City & State 4. FE! Number Applied For FLORIDA MIAMI, FLORIDA **NOT APPLICABLE** MAMI Not Applicable zip 33131 Country Country \$5.00 Additional 5. Certificate of Status Desired MIAMI , DADE 33131 MIAMI, DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUAN CARLOS LORA DE CESPEDES, CARLOS Street Address (P.O. Box Number is Not Acceptable) -1200 BRICKELL AVENUE, STE 1440 MIAMI, FL 33131 1450 BRICKELL BAY, OR. #311 MIANI 8. The above named entity sobmits his 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 CARLOS A. BERNAL SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TRUS ☐ Addition mr TITI F ☐ Change ☐ Delete NAME BERNAL, CARLOS A NAME STREET ADDRESS 1110 BRICKELL BAY DR #311 STREET ADDRESS MIAMI, FL 33131 CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete 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 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.

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

FILED

Daytime Phone #