

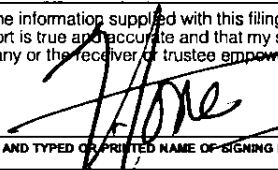


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000085174 1. Entity Name CELEBRATION CORPORATE CENTER, LLC						FILED 08 FEB 13 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 500 SOUTH DIXIE HIGHWAY, SUITE #301 CORAL GABLES, FL 33146				Mailing Address 500 SOUTH DIXIE HIGHWAY, SUITE #301 CORAL GABLES, FL 33146			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01252008 Chg-LLC CR2E083 (12/06)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-5480242				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TORRE, VENANCIO 4320 SANTA MARIA STREET CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRE HOLDINGS, LLC <input checked="" type="checkbox"/> Delete 4320 SANTA MARIA STREET CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Venancio Torre <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4320 Santa Maria Street Coral Gables, FL 33146		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700118353557 02/19/08--01050--014 ***38.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02/15/07- 90274-047- \$100.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE:  VENANCIO TORRE				2/11/08 305 740-0057			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			