50,00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086892 07 APR 18 AH 11:01 1. Entity Name CASMOL REAL ESTATE INVESTMENTS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA BK Principal Place of Business Mailing Address 2655 LEJEUNE ROAD, SUITE 507 2655 LEIEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to BK Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE Addition 800101627 NAME CASCARANO, GIEUSEPPE NAME STREET ADDRESS 2655 LEJEUNE ROAD, SUITE 507 STREET ADDRESS 05/04/07--01056--011 CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP MGR ☐ Delete TITLE TITLE ☐ Change ■ Addition CASCARANO, FRANCISCO NAME NAME STREET ADDRESS 2655 LEJEUNE ROAD, SUITE 507 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME MOLINARI, STEFANO NAME STREET ADDRESS 2655 LEJEUNE ROAD, SUITE 507 STREET ADDRESS CORAL GABLES, FL 33134 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling toes not quality for indicated on this report is true and accurate and that my signature shall have. the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the same legal affect as if made under oath; that I am a managing member or manager of the eport as required by Chap at 608, Florida Statutes. limited liability compa SIGNATURE:

EDDESENTATIVE

Date

Daytime Phone #