2007 LIMITED LIABILITY COMPANY

SIGNATURE:

May 14, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L06000090475 1. Entity Name 05-14-2007 90361 017 ****55 00 TBS INTERNATIONAL, LLC Principal Place of Business Mailing Address 4901 NW 17TH WAY 4901 NW 17TH WAY FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2030 S.Ocean Drive 2030 S. Ocean Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) 10 1: 101 Applied For City & State City & State 4. FEI Number 36-4593804 Not Applicable Hallondole FL Hollandale, Country \$5.00 Additional 5. Certificate of Status Desired 235009 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GURUN, ALI B -4901 NW 17TH WAY 2030 S. Ocean Drive FORT LAUDERDALE FL 33309 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. ALIBULAK. GURUN NOTE: Registered Agent signature required when recisiating) 103/27/2007 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change Addition TIFLE Delete NAME NAME OCAL, ALI T STRUCT ADDRESS STREET ADDRESS 4901 NW 17TH WAY SUITE 406 CUY-SI-7IP CITY-SI-7IP FORT LAUDERDALE FL 33309 ☐ Delete HILL ☐ Change Addition TETLE MGR HILL, STEPHEN P STREET ADDRESS STREET ADDRESS 4901 NW 17TH WAY SUITE 406 CHY-ST-ZIP CHY-S1-ZIP FORT LAUDERDALE FL 33309 TITLE Delete HILL Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-74P CITY - ST- ZIP Delete П Спалое ☐ Addition TITLE 11111 NAME STREET ADDRESS STRUCT ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP Delete TITLE Addition DILE ☐ Change NAMI NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED