2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED DOCUMENT # L06000094104 1. Entity Name LESCAY INVESTMENT, LLC 2007 JAN 10 AM 10: 01 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 6890 SW 19TH STREET 6890 SW 19TH STREET MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 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 Name PADILLA, CAMILO R **6890 SW 19TH STREET** Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33155 Zip Code 8. The above named epitity 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 egistered agent. SIGNATURE Signature, typed or printed rapid of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Addition Change PADILLA, CAMILO R NAME NAME STREET ADDRESS 6890 SW 19TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE ☐ Delete MGZMTITLE Addition □ Change Camilo R. Padilla NAME NAME 10890 SW 1974 Stree STREET ADDRESS STREET ADDRESS Miami, El CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition 70008415195T NAME NAME 01/12/07--01015--013 **S0.80 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #