2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

07 SEP 21 PM 1:19 **DOCUMENT # L06000103770** 1. Entity Name 15901/1206 LLC SECRETARY OF STATE IALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 8841 SW 103 STREET 8841 SW 103 STREET MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09072007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-5840326 Applied For City & State City & State 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 ING, ALBERT Street Address (P.O. Box Number is Not Acceptable) 8841 SW 103 STREET MIAMI, FL 33178 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 arm 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) ... Make check payable to Filing Fee is \$50.00 Florida Department of State Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES 0001082901 MGR TITLE TITLE Addition □ Delete ING, ALBERT NAME NAME 09/25/07--01027--014 **50.00 STREET ADDRESS 8841 SW 103 STREET STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR Delete Change Addition HERNANDEZ-ING, JANE B NAME NAME 8841 SW 103 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-S1-72P ☐ Change ■ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ■ Addition Delete TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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. **2057** (305) 702-9222 SIGNATURE: Albert Ing, Manager

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR ANTHORIZED REPRESENTATIVE

FILED