FILED 2007 LIMITED LIABILITY COMPANY May 03, 2007 8:00 am

| | . ANNUAL F | | | -4% Secretary of State | |
|--|--|---|--|--|--|
| DOCUMENT # L06000108131 1. Entity Namo O3 PROPERTIES, LLC | | | | Secretary of State 04-19-2007 90027 014 ****50.00 | |
| Principal Plac | co of Business | Mailing Address | | - | |
| • | THEAST 4TH COURT | 7610 NORTHEAST 4 MIAMI FL 33138 | TH COURT |) | |
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | TI I TOCKNIC OR 4559 ONN DOW 3578 COVO AFW STUR INTER 5000 MICH INTERT IN 1874 | |
| Suito, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E083 (10/06) | |
| City & Stato | | City & Stato | | 4. FEI Number Applied For Not Applied For Not Applied For | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$5.00 Additional Fee Required | |
| | 6. Name and Address of Curren | Hegistered Agent | | 7. Name and Address of New Registered Agent | |
| | | | Name | | |
| MIZRAHI, OFER 7610 NORTHEAST 4TH COUR MIAMI FL 33138 | | रा | Stroct Addres | s (P.O. Box Number is Not Acceptable) | |
| | | | City | FL Zip Code | |
| | o named entity submits this statement tions of registered agent. Squature, typed or printed name of registered agent. | | s registered office or regis | lored agont, or both, in the State of Florida. I am familiar with, and accep | |
| the obliga | tions of registered agent. | ri and Mu i applicable (NO FILE N Make Check Payal | | tored agont, or both, in the State of Florida. I am familiar with, and accepted attentional control of the CATE | |
| the obliga | tions of registered agent. | ri and Mu i applicable (NO FILE N Make Check Payal Dt | OW!!! FEE IS \$50,00 bie to Florida Departm | tored agont, or both, in the State of Florida. I am familiar with, and accepted attentional control of the CATE | |
| SIGNATURE 9. (IDEL. NAME SIGUET ADDRESS | MANAGING MEME MGRM MIZRAHI, OFER 7610 NORTHEAST 4TH COURT | ri and Mu i applicable (NO FILE N Make Check Payal Dt | IE. Registered Agent signature requirements of the Florida Departm to By May 1, 2007 10. ITILE HAME STREEL ADDRESS | lored agoni, or both, in the State of Florida. I am familiar with, and accepted when remaining) CATE Dent of State | |
| SIGNATURE 9. 1011. NAME SIRIET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | tions of registered agent. Squature, typed of printed name of registered agent MANA GING MEME MGRM MIZRAHI, OFER | ri and His i applicable (NO FILE N Make Check Payal Dt. BERS/MANAGERS | ITE. Registered Agent signature requirements of the Florida Department By May 1, 2007 10. ITELE NAME STREEL ADDRESS CHY-ST-ZIP ITILE NAME STREEL ADDRESS | lored agoni, or both, in the State of Florida. I am familiar with, and acceptived when remaining) CATE ADDITIONS/CHANGES | |
| 9. THEE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP HITH NAME STREET ADDRESS CHY-ST-ZIP HITH NAME STREET ADDRESS CHY-ST-ZIP HITH NAME STREET ADDRESS STREET ADDRESS | MANAGING MEME MGRM MIZRAHI, OFER 7610 NORTHEAST 4TH COURT | Make Check Payal Dt BERS/MANAGERS | ITE. Registered Agent signature requirements of the provided Department of the By May 1, 2007 10. ITHUE MAME STREET ADDRESS CHY-SI-ZEP HILE NAME STREET ADDRESS CHY-SI-ZEP HILE NAME STREET ADDRESS CHY-SI-ZEP HILE NAME STREET ADDRESS | ADDITIONS/CHANGES Change Architical Actions | |
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| 9. 1001 NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP UITH NAME STREET ADDRESS CHY-ST-ZIP | MANAGING MEME MGRM MIZRAHI, OFER 7610 NORTHEAST 4TH COURT | Make Check Payal Dt BERS/MANAGERS Delete Delete | ITE. Populared Agent signature required to Florida Departments By May 1, 2007 10. 10. 10. 10. 10. 10. 10. | Change Addition | |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MATTE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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