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Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90249 017 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000110280

1. Entity Name
STREAM HILL, LLC

60037534

Principal Place of Business	Mailing Address
5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484	5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484

2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 520 Brickell Key Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 0-305
City & State	City & State: Miami, FL
Zip / Country	Zip: 33131 / Country: USA

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8807245 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRANSGLOBAL CORPORATE ADMINSTRATION, LLC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) 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 resigning) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUAN MANUEL NINO 5647 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee appointed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Juan Manuel Nino 3/29/07 305-374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #