2007 LIMITED LIABILITY COMPANY

Aug 16, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000120093 08-16-2007 90080 020 ****50.00 1. Entity Name LDB, LLC Principal Place of Business Mailing Address CUORFANG 2982 WEST TRADE AVENUE 2982 WEST TRADE AVENUE COCONUT GROVE, FL 33133 LIS COCONUT GROVE, FL 33133 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08132007 CR2E083 (12/06) Chg-LLC 4. FEI Number 3 City & State City & State Applied For 2-019289 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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 Synature, typed or printed name of required agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ... Delete HILL ☐ Change ☐ Addition DEL BORRELLO, LOUIS M NAME NAME STREET ADDRESS STREET ADDRESS 2982 WEST TRADE AVENUE CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY ST ZIP ☐ Defete Addition TITLE ITTLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY ST ZIP TITLE Derete mu ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition HILL THLE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP

11. It hereby certify that the intermation supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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 preceiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

0xs M MILKUMLO8-13-7007

indicated on this report is limited liability company o

SIGNATURE:

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