2007 LIMITED LIABILITY COMPANY

SIGNATURE:

Aug 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** 08-16-2007 90080 019 ****50.00 DOCUMENT # L06000122857 1. Entity Name 4106 PROPERTY INVESTMENTS, LLC Principal Place of Business Mailing Address 2999 N.E. 191ST STREET, STE 900 2999 N.E. 191ST STREET, STE 900 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02232007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 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 SCHIFFMAN, ADAM R ESQ Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191ST STREET, STE 900 AVENTURA, FL 33180 City 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 bite 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 ADDITIONS/CHANGES 9. 10. TITLE TITLE Change ☐ Addition Delete NAME SCHIFFMAN, ADAM R NAME STREET ADDRESS 2999 N.E. 191ST STREET, STE 900 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME 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-ZIP ☐ Delete Change ☐ Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE 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 thy 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #