2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, D

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # L07000006543 04-11-2008 90181 018 ***138.75 REFERRAL REALTY OF SOUTH FLORIDA, L.L.C. Principal Place of Business Mailing Address UUUWWIUU 2883 EXECUTIVE PARK DRIVE 2883 EXECUTIVE PARK DRIVE SUITE 201 SUITE 201 WESTON, FL 33331 WESTON, FL 33331 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VEGA, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 2883 EXECUTIVE PARK DRIVE SUITE 201 WESTON, FL 33331 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 reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10 9. MCRM MGRM TITLE Change Addition TITLE ☐ Delete Vena Errestu NAME VEGA, ERNESTO NAME ive Purk. Dr. Svite 201 STREET ADDRESS 2883 EXECUTIVE PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33331 MGRM Delete TITLE Fral-Veya Melissa C 83 Executive PARK Dr. BERNAL-VEGA, MELISSA C NAME NAME STREET ADDRESS 2883 EXECUTIVE PARK DRIVE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Deleta TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST- ZIP 11. I hereby certify that the information supplied with this filing does not a fallify 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

Ernesto Vega Marm

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