2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 16, 2008 8:00 am Secretary of State DOCUMENT # L07000009521 04-16-2008 90119 007 ***138.75 GE PROPERTY MANAGEMENT, LLC Principal Place of Business Mailing Address 11420 NORTH KENDALL DRIVE, SUITE 207 11420 NORTH KENDALL DRIVE, SUITE 207 20003837 MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number a 0 – Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHERMAN, THOMAS G ESQ. Street Address (P.O. Box Number is Not Acceptable) 90 ALMERIA AVENUE CORAL GABLES, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM MERM TITLE Change ☐ Delete TITLE Addition Exice, Louis Kendall O., Ste 207 NAME ETICE, LOUIS NAME STREET ADDRESS 11420 NORTH KENDALL DRIVE, SUITE 207 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP **MGRM** Addition ☐ Delete NAME GOLILE, VLADIMIR Golik, Vladimir NAME N Kendall Dr. Ste STREET ADDRESS 11420 NORTH KENDALL DRIVE, SUITE 207 STREET ADDRESS 11420 CITY-ST-7iP MIAMI, FL 33176 CITY-ST-ZIP Dolete ☐ Change ☐ Addition TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete HAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Change ncitibbA TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE 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 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.

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

SIGNATURE: