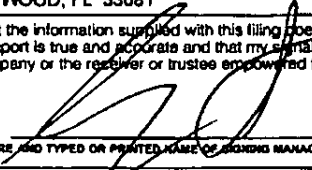


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-26-2008 90114 012 ***143.75

DOCUMENT # L07000016864 1. Entity Name 58TH TERRACE, LLC					
Principal Place of Business 6175 N.W. 167TH STREET, #G-24 HIALEAH, FL 33015			Mailing Address P.O. BOX 17-0938 HIALEAH, FL 33017		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip			
Country		Country			
30005060 					
02202008 Chg-LLC CR2E083 (12/06)					
4. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent KUKER, HOWARD L 9200 S. DADELAND BLVD., SUITE 508 MIAMI, FL 33156			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIG E. INVESTMENTS, INC. P.O. BOX 17-0938 HIALEAH, FL 33017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SECOND SUNRISE INVESTMENT, CORP. 7020 AUGUSTA DRIVE MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOMEOWNER'S ASSISTANCE GROUP, LLC 1401 PONCE DE LEON, SUITE 200 CORAL GABLES, FL 33136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GE INVESTMENT GROUP, INC. 7159 S.W. 80 STREET MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACHADO ENTERPRISES, INC. 19620 W. ST. ANDREWS DRIVE MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONSUMERS ALLIANCE CORP. P.O. BOX 7058 HOLLYWOOD, FL 33081	☐ 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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			3-24-08 305 687 12a		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					