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08 SEP -4 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000017490

1. Entity Name
MIAMI ACCESS TUNNEL, LLC

Principal Place of Business	Mailing Address
515 E. PARK AVE. C/O CORPDIRECT AGENTS, INC. TALLAHASSEE, FL 32301	515 E. PARK AVE. C/O CORPDIRECT AGENTS, INC. TALLAHASSEE, FL 32301

05302008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City: Tallahassee FL Zip Code: 32301

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: By: Corporation Service Company Sue G. Knight as its agent 9-4-08
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 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Miami Access Tunnel Partners, Inc. 1201 Hays Street Tallahassee, FL 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000135468
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	L. SELLERS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEP - 5 2008 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXAMINED ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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.

Miami Access Tunnel Partners, Inc.

SIGNATURE: By: Adrienne Saunders, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

July 11, 2008 4155121515

CORPORATION SERVICE COMPANY

RECEIVED
08 SEP -4 PM 4:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 710487 4303929

AUTHORIZATION :

COST LIMIT : $138.75

ORDER DATE : September 4, 2008

ORDER TIME : 3:35 PM

ORDER NO. : 710487-005

CUSTOMER NO: 4303929

ANNUAL REPORT FILING

NAME: MIAMI ACCESS TUNNEL, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT EX 2956

EXAMINER'S INITIALS: _____