2008 LIMITED LIABILITY COMPANY

Apr 17, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-17-2008 90164 025 ***143.75 **DOCUMENT # L07000049886** 1. Entity Name FORT HILL VENTURES, LLC 3**4£**£0006 Principal Place of Business Mailing Address 201 SOUTH BISCAYNE BLVD., SUITE 850 201 SOUTH BISCAYNE BLVD., SUITE 850 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E083 (12/06) 4. FEI Number 26-0149473 City & State Applied For City & State Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSSZ FIU CORPORATION Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD., SUITE 850 MIAMI, FL 33131 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) . Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Change ☐ Addition MGR TITLE TITLE ☐ Delete CHEEZEM, CHARLES K NAME NAME 201 SOUTH BISCAYNE BLVD., SUITE 850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ AdditIon Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE