2008 LIMITED LIABILITY COMPANY

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

May 06, 2008 8:00 am Secretary of State ANNUAL REPORT 05-06-2008 90003 029 ***138.75 DOCUMENT # L07000053030 CENTRES BFS NORTHEAST LLC 60039472 Principal Place of Business Mailing Address 9130 SOUTH DADELAND BLVD., SUITE 1528 9130 SOUTH DADELAND BLVD., SUITE 1528 MIAMI, FL 33156 MIAMI, FL 33156 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 21e-0152000 Not Applicable Zip Zio Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHARLTON, DAVID K Street Address (P.O. Box Number is Not Acceptable) 9130 SOUTH DADELAND BLVD., SUITE 1528 MIAMI, FL 33156 City 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) 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 9. 10. MGRM TITI F Addition TITLE Delete ☐ Change CENTRES INC. NAMÉ NAME STREET ADDRESS 9130 SOUTH DADELAND BLVD., SUITE 1528 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition 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 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 11. I hereby certify that the information supplied with this filling 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 encowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone #