2008 LIMITED LIABILITY COMPANY

Apr 24, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L07000067509** 04-24-2008 90020 029 ***138.75 36TH STREET HOLDCO ONE, LLC Principal Place of Business Mailing Address ged compared but to a m 4000 N. FEDERAL HIGHWAY, SUITE #206 4000 N. FEDERAL HIGHWAY, SUITE #206 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1000 OMNI BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For NEWPORT NEWS, VA APPLIED FOR Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired 23606 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPCO, INC. 2699 S. BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) 7TH FLOOR MIAMI, FL 33133 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 it 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 9. 10. --- ADDITIONS/CHANGES MGR TITLE ☐ Delete TIT) F ☐ Change ☐ Addition 36TH STREET PARTNERS, LLC NAME NAME STREET ADDRESS 4000 N. FEDERAL HIGHWAY, SUITE #206 STREET ADDRESS فأحجها المهار المداد CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ MAME 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 TITLE Defete ☐ Change TATLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

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

NAME

STREET ADDRESS

CITY-ST-ZIP

NICK ECONOMOS

04/21/200%

(757) 591-3519

FILED

Daytime Phone #

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