2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 25, 2008 8:00 am Secretary of State **DOCUMENT # L07000076571** 01-25-2008 90085 033 ***138.75 30TH AVENUE PROPERTY, LLC Mailing Address Principal Place of Business 1445 S.W. 21ST AVENUE 1445 S.W. 21ST AVENUE 60003792 FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable Country \$5.00 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIEMS, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 1445 S.W. 21ST AVENUE FT. LAUDERDALE, FL: 33312 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE 1445 HOLDING, LLC NAME STREET ADDRESS 1445 S.W. 21ST AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33312 Delete TITLE ☐ Change ■ Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

01-21-08

Daytime Phone #