2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 09, 2008 8:00 am Secretary of State

04-29-2008 90021 030 ***138.75

DOCUMENT # L07000096170

INNOVIDA CONSTRUCTION SE, LLC 30009080 Mailing Address Principal Place of Business **400 ARTHUR GODFREY RD 400 ARTHUR GODFREY RD** STE 200 STE 200 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied Fo Not Applic Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAMONT NEIMAN INTERIAN & BELLET PA Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER 3550 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131 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 acr the obligations of registered agent. SIGNATURE Signature, typed or priviled name of registered agent and pide if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. lancified member TITLE TITLE Change NAME HAME other Godfor FD #200 STREET ADDRESS STREET ADDRESS CITY - ST- 77P CITY-SI-7P TITLE Delete ☐ Changa TITLE ☐ Ad NAME NAME STREET ADORESS STREET ADDRESS CITY -ST- ZP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-71P TITLE Delete ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 timited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

4/24/08 CICNIATI IDE