

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101264

Entity Name: PERRY PINES, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

3250 MARY STREET  
SUITE 502  
COCONUT GROVE, FL 33133 US

## Current Mailing Address:

3250 MARY STREET  
SUITE 502  
COCONUT GROVE, FL 33133 US

FEI Number: 26-1292401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTER, STEVEN  
950 JEFFERSON STREET  
HOLLYWOOD, FL 33019 US

## New Principal Place of Business:

4000 PONCE DE LEON BOULEVARD  
SUITE 470  
CORAL GABLES, FL 33134 US

## New Mailing Address:

4000 PONCE DE LEON BOULEVARD  
SUITE 470  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CASTER, STEVEN  
4000 PONCE DE LEON BOULEVARD  
SUITE 470  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: STEVEN CASTER

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PERRY PINES SPONSOR, LLC  
Address: 3250 MARY STREET, SUITE 502  
City-St-Zip: COCONUT GROVE, FL 33133 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PERRY PINES SPONSOR, LLC  
Address: 4000 PONCE DE LEON BOULEVARD, SUITE 470  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: STEVEN CASTER

MGMR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date