2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L07000114403



FILED Mar 28, 2008 8:00 am Secretary of State

03-07-2008 90227 031 ***138.75

SHOWPLACE OF KENDALL, LLC Principal Place of Business Mailing Address 30002932 C/O E.F. HUTTON REALTY C/O E.F. HUTTON REALTY 2000 SOUTH DIXIE HIGHWAY, SUITE 101 2000 SOUTH DIXIE HIGHWAY, SUITE 101 MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 512480 Applied For Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 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 agont and little if applicable. (NOTE: Registered Agent signature required when registating 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 10. ADDITIONS/CHANGES 9. TITLE MGR TITLE Change ☐ Addition GOLKAR, REZA DR. NAME NAME 1643 BRICKELL AVE APT. #705 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY - 51 - ZIP MGR TOTLE TOTLE Oelers Change ☐ Addition AGHA, MICHAEL NAME 6301 COLLINS AVE APT, #2505 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP INLE Delete TITLE ☐ Change ☐ Addition FIELDSTONE, RONALD R HALSE MAME 201 ALHAMBRA CIRCLE, STE 601 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-S1-ZP TITLE Delete THILE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detro TITLE ☐ Change Addition HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY-SI-ZIP 1. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the same level effect as if made under oath; that I am a managing member or manager of the indicated on this report is true and accurate and that my signature shall have the same legal effect as II made under path; that I am a managing in limited liability company or the receiver or substance managing in the receiver or substance or substance. SIGNATURE: