2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 12, 2004 8:00 am Secretary of State **DOCUMENT #L93000000302** 01-12-2004 90132 027 ****50.00 P & R REALTY, L.C. Mailing Address Principal Place of Business 7820 N.W. 56TH STREET 7820 N.W. 56TH STREET **#1000010** MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 65-0443021 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLEUSTEIN, ROSS Street Address (P.O. Box Number is Not Acceptable) 7820 N.W. 56TH STREET MIAMI, FL 33166 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered anyther, Statebook Filoniida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Change 🚉 ☐ Addition MGRM TITLE TITLE ☐ Delete BLEUSTEIN, ROSS NAME NAME 7820 N.W. 56TH STREET STREET ADDRESS STREET ADDRESS الكالمان втес MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP Delete MGRM ☐ Change----- ☐ Addition TIT! E TITLE BLEUSTEIN, PAUL NAME NAME STREET ADDRESS 3700 S OCEAN BLVD STREET ADDRESS HIGHLAND BEACH, FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE . Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change . ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME .:પં, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify t indicated on this report is true and accurate and that my signature shall have the same legal effect as if madel and amdemneal typic true to the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE

FILED