File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR - 4 PH 4: 19 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STARS TALLAHASSEE, FLORIGA, Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000405 1a. Principal Place of Business Address PADILLA'S MARINA, L.C. 1310 NW 18TH AVE. 1310 NW 18TH AVE. MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/18/1994 4. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0519174 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent DOMINGUEZ, OFFRAIN 11410 NORTH KENDALL DRIVE SUITE 302 MIAMI FL 33139 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE Registered Agent Accepting Appointm (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 1310 NW 18⁴⁶1 AVC 1750 N.W. 27TH AVE. #710 MGRM PADILLA, JULIAN MIAMI FL MGRM PADILLA, ROBERT 1750 N.W. 27TH AVE. #710 1310 N.W. 18th Ave MIAMI FL ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.
SIGNATURE: