2007 LIMITED LIABILITY COMPANY

Mar 19, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L97000000333** 03-19-2007 90465 029 ****55 00 INDIAN LAKE INVESTMENTS, L.C. Principal Place of Business Mailing Address 40001018 6500 N.W. 72 AVENUE 6500 N.W. 72 AVENUE MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 65-0741968 Not Applicable Zip Country 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 LAGE, GONZALO M Street Address (P.O. Box Number is Not Acceptable) 6500 N.W. 72 AVENUE MIAMI, FL 33166 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 accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Delete TITLE Ti Change Addition COHEN, MARK D NAME NAME STREET ADDRESS 4000 HOLLYWOOD BLVD STE 485 S STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP MGRM :: Delete TITLE ☐ Change Addition TITLE LAGE; GONZALO M NAME NAME 6500 NW 72 AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Channe Addition CHALBAUD, LUIS RAMON NAME NAME STREET ADDRESS 6500 NW 72ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, WANAGER, OR AUTHORIZED REPRESENTATIVE

FILED