2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 02, 2006 8:00 am **Secretary of State DOCUMENT # L97000001202** 1. Entity Name 02-02-2006 90093 024 ****50.00 CP MIAMI HOLDINGS, L.L.C. Principal Place of Business Mailing Address 12640004 3250 MARY STREET 3250 MARY STREET SUITE 500 SUITE 500 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) City & State City & State 4 FEI Number Applied For 65-0791980 Not Applicable Ζiρ Zip 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 PELTZ, ARVIN ESQ Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET SUITE 500 MIAMI, FL 33133 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition ARISON, MICKEY NAME NAME STREET ADDRESS 3655 N.W. 87TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33178 MGR ☐ Addition TITLE ☐ Delete TITLE ☐ Change FRANK, HOWARD NAME NAME STREET ADDRESS 3655 N.W. 87TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME LEFTON, DONALD NAME 3250 MARY ST, STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition WEISER, SHERWOOD NAME NAME STREET ADDRESS 3250 MARY ST, STE 500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY+ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME TEMLING, W. PETER NAME STREET ADDRESS 3250 MARY ST, STE 500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 r trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,

FILED