| А   | D LIABILI"<br>NNUAL F              |  | LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS |               |       | SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 26 AM IO: 21 |  |                |  |
|---|------------------------------------|--|--|---------------|-------|--|--|----------------|--|
| ILING 1<br>\$ 188.  |                                    | ual Report \$100.00 -                                    |  |               |       |  |  |                |  |
| Name a  | and Mailing Ad<br>ed Liability Co  | dress DOCUI  |  | # L980        |       |  |  |                |  |
| LARY ONE LLC<br>10300 SUNSET DRIVE, SUITE 135<br>MIAMI FL 33173 |                                    |  |  |               |       |  | 1a. Principal Place of Business Address  10300 SUNSET DRIVE, SUITE 1: MIAMI FL 33173 |                |  |
| Principal Place of Business 2a. Ma                              |                                    |  |  | iling Address |       |  | 3. Date Organize   |                | 3a. State of Formation F'L   |
| Suite, Apt. #, etc.   |                                    |  | Suite, Apt. #, etc   |               |       |  | 4. FEI Number  |                | Applied For  |
| City & State  |                                    |  | City & State   |               |       | 65-08  | 21682  | Not Applicable |  |
| lip   |                                    | Country  | Zip  |               | Count | у  | 5. Date of Last R  | eport          | Certificate of Status Desired     S8.75 Additional Fee Required  |
|   | 7. Name                            | and Address of Current                                   | Registered   | Agent         |       | 8.<br>Name   | Name and Address   | ol New Regis   | stered Agent/Office  |
| s register<br>is register                                       | ed office or reg<br>red agent, and | pistered agent, or both, in the laccout the obligations. |  |               |       |  | I liability company su<br>ilive vote of a majorit                                    | of the member  | ment for the purpose of changings. Thereby accept the appointment of the second |
| SIGNATU   |                                    | <del></del>  | pp i Hoest) (  | IST TO DIA    |       | e tegnish who has take   | -p[  |                | <del></del>  |
| 0. Title  |                                    | naging Members Managers BANNING G                        | ·  | 10300         |       | SET DRIV   | E. SUITE   | MIAMI          | , State and Zip Code   |
| MAION.  | LARY,                              | KATHERINE T  |  | 10300         | sun   | SET DRIV   | E, SUITE   | IMAIM          | FL   |
| MGRM<br>MGRM  |                                    |  |  |               |       |  | :<br>:5101   | റററമ           |  |
| j   |                                    |  |  |               |       |  |  | ~04/3i<br>**** | *8583139<br>079901076021<br>188.75 ****188.7   |