File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Ch Name and Mailing Address of Limited Liability Company Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT** # L98000003034 1a. Principal Place of Business Address CASAHOME, LLC 2 SOUTH BISCAYNE BLVD., SUITE 3400 2 SOUTH BISCAYNE BLVD., SUIT MIAMI FL 33131 MIAMI FL 33131 2 Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 12/07/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 15-0882027 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Suite Ant # etc. 000002818780---03/25/39 --01094---013 ****186.66 ****188.75 City 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE _ DATE (foguskred Agert Alexand Aparelment) (YOH) Hopeon (Agert signatur request where outlengt 10. Title Managing Members/Managers Business Street Address City, State and Zip Code BELTRAN, EDUARDO MGR 2 SOUTH BISCAYNE BLVD., SU MIAMI FL 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANADING MINISTERIOR M

EDUARD BELTEAN

SIGNATURE: