2007 LIMITED LIABILITY COMPANY

Jan 10, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L99000006232** 01-10-2007 90060 016 ****50.00 ENVI REAL ESTATE HOLDINGS, L.L.C. Principal Place of Business Mailing Address **5825 COLLINS AVE** 5825 COLLINS AVE PENTHOUSE F PENTHOUSE F MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 65-0951066 Not Applicable \$5.00 Additional Zin Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESPINO, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) C/O VEZINA LAWRENCE & PISCOTELLI PA 350 E LAS OLAS BLVD STE #1130 FT LAUDERDALE, FL 33301 Zip Code City 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. 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ■ Addition MGRM TITLE Change TITLE ☐ Delete NAME ESPINO, ENRIQUE I NAME 5825 COLLINS AVE, PENTHOUSE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP ☐ Change ☐ Addition MGRM ☐ Delete TITLE TITLE ESPINO, VIRGINIA G NAME NAME STREET ADORESS STREET ADDRESS 5825 COLLINS AVE PENTHOUSE F CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGN

NAME

STREET ADORESS

CTTY-ST-ZIP

305845 5430

FILED