2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # L99000008707 1. Entity Name 04-30-2004 90081 005 ****50.00 HYPO VENTURES, LLC Principal Place of Business Mailing Address 115 N.W. 167TH STREET, #300 NORTH MIAMI BEACH FL 33169 115 N.W. 167TH STREET, #300 NORTH MIAMI BEACH FL 33169 44 2. Principal Place of Business 3. Mailing Address One SE 3rd Avenue One SE 3rd Avenue CR2E083 (11/03) **Suite 3100** Suite 3100 4. FEI Number Applied For Miami, FL 33131 65-1058038 Miami, FL 33131 Not Applicable Zi \$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 Name. TRACY, GRANVIL M Street Addrson (B.O. Bay Number in Not Acceptable) -115 N.W: 187TH STREET, #300 NGATH MIAMI BEAGILE One SE 3rd Avenue **Suite 3100** Zip Code Miami, FL 33131 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 3,300.41 MANAGING MEMBERS/MANAGERS 9. DITIONS/CHANGES 10. TITLE **MGRM** Delete TITLE ☐ Addition One SE 3rd Avenue SABY, BEHAR NAME NAME **Suite 3100** STREET ADDRESS STREET ADDRESS 115 NW 167TH ST., SUITE 300 Miami, FL 33131 N. MIAMI BEACH FL 33169 CITY-ST-ZIP CITY-ST-7IP MGRM M Change TITLE ☐ Delete TITLE Addition One SE 3rd Avenue JARVIS, BRUCE R NAME NAME **Suite 3100** STREET ADDRESS 115 NW 167TH ST., SUITE 300 STREET ADDRESS Minm: El 33131 CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33169 Delete TITLE -☐ Addition TITLE **MGRM** One SE 3rd Avenue NAME NAME GRANVIL, TRACY M **Suite 3100** STREET ADDRESS STREET ADDRESS 115 NW 167TH ST., SUITE 300 Miami, FL 33131 CITY-ST-ZIP N. MIAMI BEACH FL 33169 TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition 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 exemption stated in Section 119.07(3)(i), 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED