2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OF

Apr 10, 2007 8:00 am Secretary of State **DOCUMENT # M05000002252** 04-10-2007 90082 024 ****55.00 VIZCÁYA MANAGER, LLC Principal Place of Business Mailing Address 60034627 1520 ROYAL PALM SQUARE BLVD 1520 ROYAL PALM SQUARE BLVD SUITE 210 **SUITE 210** FT MYERS, FL 33919 FT MYERS, FL 33919 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2673593 Not Applicable 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 Steven P. Adler NORTON, SAM D Street Address (P.O. Box Number is Not Acceptable) 1819 MAIN STREET **SUITE 610** 1520 Royal Palm Square Blvd Sutte #210 SARASOTA, FL 34236 8. The above named entity subtrite 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. the obligations & aister Steven P. Adlex Authorized Rep. 1/17/07 SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR M6R TITLE ☐ Delete TITLE Change Addition David C. Rubin NAME RUBIN, DAVID C NAME 31000 Northwestern Huy Suite #220 STREET ADDRESS 640 N. OLD WOODWARD STREET ADDRESS BIRMINGHAM, MI 48009 Farminaton Hills, MI 48334 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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 limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED