2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-7IP

Aug 28, 2008 8:00 am Secretary of State **DOCUMENT # M06000000580** 08-28-2008 90039 009 ***143.75 BTS MONTERREY HOLDINGS LLC Principal Place of Business Mailing Address SILEOno. 41 MADISON AVENUE, 29TH FL 41 MADISON AVENUE, 29TH FL NEW YORK, NY 10010 NEW YORK, NY 10010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07102008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4313499 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Defete TITLE MGRH Change Addition TITLE NAME BTS MONTERREY HOLDING LLC NAME BIS MONTERREY HOLDINGS ILC 41 MADISON AVENUE-29TH FL 41 MADISON EVENUE - 29TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10010 CITY-ST-ZIP HEW YORK, HY WOID ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Defete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

<u> 212)624 - 786(</u>