2008 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT 01-22-2008 90122 031 ***138.75 DOCUMENT # M06000001579 SUNBELT DIVERSIFIED ENTERPRISES, LLC Mailing Address Principal Place of Business 60002894 2525 PONCE DE LEON BLVD 2525 PONCE DE LEON BLVD CORAL GABELS, FL 33134 CORAL GABELS, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2525 Ponce de Leon Bluch 2525 Ponce de Leon Riva Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chq-LLC CR2E083 (12/06) 1080 1080 Coral Gables, FL Applied For City & State 4. FEI Number Coral Gables, FL 20-4411912 Not Applicable Country Zip 33134 \$5.00 Additional 5. Certificate of Status Desired 33134 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLS, ANNE 1221 BRICKELL AVE., STE 2660 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE Change Addition SUNBELT CAPITAL PARTNERS LLC NAME STREET ADDRESS 1221 BRICKELL AVE., STE 2660 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP CEO CEO TITLE ☐ Delete TITLE Change JAMES TOLZIEN STREET ADDRESS 2525 Ponce de Leon Blvd, Suite 1080 NAME TOLZIEN, JAMES STREET ADDRESS 2525 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABELS, FL 33134 CITY-ST-ZIP Coral Gables, FL 33134 VΡ TITLE ☐ Delete THIE Change ☐ Addition PETER PATRAKA NAME PATRAKA, PETER NAME STREET ADDRESS 2525 Ponce de Leon Blud, Suite 1080 STREET ADDRESS 2525 PONCE DE LEON BLVD Moral Gables, FL 33134 CITY-ST-ZIP CORAL GABELS, FL 33134 CITY-ST-ZIP CFO Change TITLE ☐ Delete TILLE Addition RONALD AUGUSTIN AUGUSTIN, RONALD SIREEI ADDRESS 2525 Ponce de Leon Blud, Suite 1080 NAME STREET ADDRESS 2525 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABELS, FL 33134 CITY-ST-ZIP Coral Gables, FL 33134

FILED Jan 22, 2008 8:00 am

Change

Change

□ Addition

☐ Addition

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 period of the limited liability company or the liability company or th

TITLE

NAME

TITLE

STREET ADDRESS

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CITY-ST-ZIP

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

☐ Delete

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TITLE

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CITY-ST-ZIP