2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 16, 2007 8:00 am **Secretary of State**

07-16-2007 90041 032 ****50.00

DOCUMENT # M0600005955 REAM MANAGEMENT, LLC 60052619 Principal Place of Business Mailing Address 13338 SW 128 STREET 13338 SW 128 STREET MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092007 CR2E083 (12/06) Cha-LLC 4. FEI Number Applied For City & State City & State Not Applicable 20-5713349 Zip Country Zip 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR HILE ☐ Change Addition ☐ Delete THE NAME PEREZ, REME NAME 13338 SW 128 STREET STREET ADORESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ■ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

makin supplied with this fiting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information use 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 the eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that th indicated on this rep limited liability comp

SIGNATURE:

SIGNATURE AN

ZINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE