2004 LIMITED LIABILITY COMPANY

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90119 016 ****50.00

ANNUAL REPORT

DOCUMENT # M99000001738 IRWIN INVESTMENTS LLC 24062935 Principal Place of Business Mailing Address 80401 OLD HWY. 255 SOUTH OLD WOODWARD AVENUE ISLAMORADA, FL 33036 THIRD FLOOR BIRMINGHAM, MI 48009-6182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Cha-LLC CR2E083 (10/03) Applied For City & State City & State 4. FÉI Number 38-3448332 Not Applicable 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 James I. Bernardin, Jr. BERNARDIN, JAMES I JR. Street Address (P.O. Box Number is Not Acceptable) 80401 OLD HIGHWAY 80411 Old Highway ISLAMORADA, FL, 33036 Zip Code 33036 the obligations of reg SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition TITLE ☐ Delete TITLE ☐ Change BERNARDIN, JAMES I JR. NAME NAME 80411 OLD HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ISLAMORADA, FL 33036 CITY - ST- 7IP MGRM ☐ Delete TITLE XX Change ☐ Addition TITLE BERNARDIN, JAMES I NAME NAME James I. Bernardin, Sr. STREET ADDRESS MAISON MATECUMBE STREET ADDRESS Maison Matecumbe #309, 80639 Old Highway CITY-ST-ZIP ISLAMORADA, FL 33036 CITY-ST-ZIP Islamorada, FL 33036 Delete TITLE .☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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. INNO SIGNATURE: MANAGING MEMBEY, NANAGER, OR AUTHORIZED REPRESENTATIVE