

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040527

Entity Name: CSMB GP, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

Current Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

New Principal Place of Business:

200 S. BISCAYNE BOULEVARD
SUITE 4900
MIAMI, FL 33131

New Mailing Address:

C/O WHITE & CASE LLP
200 S. BISCAYNE BLVD. #4900
MIAMI, FL 33131

FEI Number: 55-0861623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P.
355 ALHAMBRA CIRCLE
STE 900
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GRAGG, K. LAWRENCE
200 S. BISCAYNE BOULEVARD
SUITE 4900
MIAMI, FL 33131 US

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.

SIGNATURE: K. LAWRENCE GRAGG

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CODINA, ARMANDO
Address: 355 ALHAMBRA CIR STE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Delete
Name: SAN MIGUEL, JORGE
Address: 355 ALHAMBRA CIRCLE, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: VS (X) Delete
Name: COBB, KOLLEEN O.P. ESQ
Address: 355 ALHAMBRA CIRCLE, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: VAS (X) Delete
Name: HEVIA, JOSE
Address: 355 ALHAMBRA CIRCLE, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CODINA, ARMANDO
Address: 2855 SOUTH LEJEUNE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO CODINA

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date