04/14/2004 15:17 3054443097 VILA & PADRON

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Secretary of State
04-29-2004 90066 006 ****51.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005973

1. Entity Name
PARK ROYAL, L.L.C.

24

Principal Place of Business
~~1915 BRICKELL AVENUE, APT. C-510~~
~~MIAMI, FL 33131~~

Mailing Address
~~1915 BRICKELL AVENUE, APT. C-510~~
~~MIAMI, FL 33131~~

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03182004 Chg-LLC CR2E083 (10/03)

4. FEI Number — Applied For / X Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
VILA, OSCAR J III
~~VILA & PADRON, P.A.~~
~~2100 SALZEDO STREET, SUITE 300~~
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name: Vila Oscar J. III
Street Address (P.O. Box Number is Not Acceptable): Two Alhambra Plaza
Suite 860
City: Coral Gables FL Zip Code: 33134

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: 4/21/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE: Managing Member
NAME: Pablo Gonzalez Carbonell
STREET ADDRESS: Insurgentes Sur No. 1999
CITY-ST-ZIP: Col. Guadalupe Inn CP 01020 - Mexico Distrito Federal
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #