2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 08:00 A Secretary of State DOCUMENT # F99000003176 1. Entity Name KIMCO AUTOVENTURE, INC. Principal Place of Business Mailing Address 3333 NEW HYDE PARK ROAD 3333 NEW HYDE PARK ROAD SUITE 100 SUITE 100 NEW HYDE PARK, NY 11042 NEW HYDE PARK, NY 11042 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Cha-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable 52-2077426 Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE SCHINDLER, MICHAEL NAME NAME U00000750574 05/18/07-80069-001 150.00 STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK, NY 11042 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE FLYNN, MICHAEL J NAME STREET ADDRESS 3333 NEW HYDE PARK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW HYDE PARK, NY 11042 ☐ Change Addition VP ☐ Delete TITLE TITLE PAPPAGALLO, MICHAEL V NAME NAME STREET ADDRESS 3333 NEW HYDE PARK ROAD STREET ADDRESS NEW HYDE PARK, NY 11042 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE KAUDERER, BRUCE M NAME NAME STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-7IP CITY-ST-ZIP NEW HYDE PARK, NY 11042 ☐ Change Addition TITLE ☐ Delete TITLE COHEN, GLENN NAME NAME STREET ADDRESS 3333 NEW HYDE PARK ROAD STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP NEW HYDE PARK, NY 11042 Addition ☐ Delete TITLE ☐ Change TITLE YARMAK, JOEL I NAME STREET ADDRESS 3333 NEW HYDE PARK ROAD STREET ADDRESS

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NEW HYDE PARK, NY 11042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/07

516 8699000

Daytime Phone #