

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030958

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: KINCLAVEN LLC

## Current Principal Place of Business:

500 E. BROWARD BLVD.  
SUITE 1620  
FORT LAUDERDALE, FL 33394

## New Principal Place of Business:

350 E. LAS OLAS BLVD.  
SUITE 1100  
FORT LAUDERDALE, FL 33301

## Current Mailing Address:

500 E. BROWARD BLVD.  
SUITE 1620  
FORT LAUDERDALE, FL 33394

## New Mailing Address:

350 E. LAS OLAS BLVD.  
SUITE 1100  
FORT LAUDERDALE, FL 33301

FEI Number: 20-0142615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SNOEP, PEER  
500 E. BROWARD BLVD.  
SUITE 1620  
FORT LAUDERDALE, FL FL US

## Name and Address of New Registered Agent:

SNOEP, PEER  
350 E. LAS OLAS BLVD.  
SUITE 1100  
FORT LAUDERDALE, FL 33301 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: PEER SNOEP

01/09/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SNOEP, PEER  
Address: 500 E. BROWARD BLVD., SUITE 1620  
City-St-Zip: FORT LAUDERDALE, FL 33394 US

Title: MGR ( ) Delete  
Name: MOORE, RICHARD J  
Address: 500 E. BROWARD BLVD., SUITE 1620  
City-St-Zip: FORT LAUDERDALE, FL 33394 US

Title: MGR ( ) Delete  
Name: MCCARTHY, JOHN D  
Address: 500 E. BROWARD BLVD., SUITE 1620  
City-St-Zip: FORT LAUDERDALE, FL 33394 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SNOEP, PEER  
Address: 350 E. LAS OLAS BLVD., SUITE 1100  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGR (X) Change ( ) Addition  
Name: MOORE, RICHARD J  
Address: 350 E. LAS OLAS BLVD., SUITE 1100  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGR (X) Change ( ) Addition  
Name: MCCARTHY, JOHN D  
Address: 350 E. LAS OLAS BLVD., SUITE 1100  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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 is true and accurate and that my electronic 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: PEER SNOEP

MGR

01/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date