ANNUAL REPORT

Jul 29, 2005 8:00 am Secretary of State **DOCUMENT # L04000033596** 1. Entity Name KYD MIAMI LLC 03-24-2005 90202 046 ****50.00 Principal Place of Business Mailing Address 21 SE 1 AVENUE 21 SE 1 AVENUE 10TH FLOOR 10TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite Ant # otc. Suite, Apt. #, etc. 03012005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 26-0122009 Not Applicable 7ip Zip Country 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 Namo TOLEDO, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 21 SE 1 AVENUE 10TH-FLOOR MIAMI, FL 33131 Zip Code 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 8. The above named only the obligations of re Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES tm F Delete TITLE ☐ Change ■ Addition NAME. KYD REBENBURG, BIANCA NAME C/O 21 SE 1 AVENUE, 10TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CRY-ST-71P MLE Delete Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-70P Detete TIT: E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP Delete TITLE T TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP 11. I horoby contify 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 logal effect as it made under eath; 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. AUTHORIZED

FILED