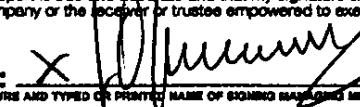


FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90094 040 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000004419			
1. Entity Name KAROS HOLDINGS, LLC			
Principal Place of Business 1835 MAIN ST, STE 101 WESTON, FL 33326		Mailing Address 1835 MAIN ST, STE 101 WESTON, FL 33326	
2. Principal Place of Business C/O 2121 PONCE DE LEON BLVD SUITE, Apt. #, etc. 11th FLOOR		3. Mailing Address C/O 2121 PONCE DE LEON BLVD SUITE, Apt. #, etc. 11th FLOOR	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country USA	Zip 33134	Country USA
4. FBI Number 20-0816928		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KASWALDER, GUSTAVO 1835 MAIN STREET SUITE 101 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASWALDER, GUSTAVO 1835 MAIN ST, STE 101 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2121 PONCE DE LEON BLVD, 11th FLOOR CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, MARIA 1835 MAIN STREET, SUITE 101 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2121 PONCE DE LEON BLVD, 11th FLOOR CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JOSE L 1835 MAIN STREET, SUITE 101 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2121 PONCE DE LEON BLVD, 11th FLOOR CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Chapter 119, 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: 		7/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	