2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# L00000006451

Entity Name: KRONGOLD & SINGER, P.L.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

New Principal Place of Business:

FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 US

Current Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

New Mailing Address:

FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 US

FEI Number: 65-1013722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRONGOLD, M. RONALD
201 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KRONGOLD, M. RONALD
FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 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: 04/04/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: KRONGOLD, M. RONALD
Address: 201 ALHAMBRA CIRCLE SUITE 801
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KRONGOLD, M. RONALD
Address: 1441 BRICKELL AVE., SUITE 1430
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: M RONALD KRONGOLD MGR 04/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date