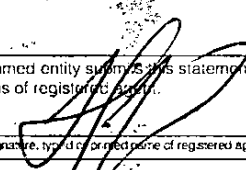
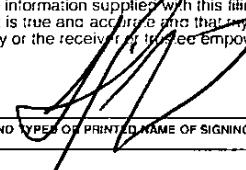


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90380 011 ****50.00

DOCUMENT # L00000008939 1. Entity Name KALPEM INVESTMENT, L.L.C.					
Principal Place of Business 9100 S DADELAND BLVD #514 MIAMI, FL 33156			Mailing Address 9900 WEST CALUSA CL DR MIAMI, FL 33186		
2. Principal Place of Business 2380 SW 80th Court		3. Mailing Address 2380 SW 80th Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI		City & State MIAMI		4. FEI Number 65-1027131	
Zip 33155		Country USA		Applied For ☐ Not Applicable	
Zip 33155		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CUEVAS, ANDREW 536 BILTMORE WAY CUEVAS & RUBIN, P.A. CORAL GABLES, FL 33134			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  HECTOR M. TOSTA PRESIDENT MARCH 11, 2005 DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOSTA, HECTOR 9100 S DADELAND BLVD SUITE 514 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECTOR M. TOSTA 2380 S.W. 80 CT. MIAMI, FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE TOSTA, DOLLY OTAMENDI 9100 S DADELAND BLVD SUITE 514 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE TOSTA, DOLLY OTAMENDI de 2380 S.W. 80 CT. MIAMI, FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPIELLO, ALBERTO 9100 S DADELAND BLVD SUITE 514 MIAMI, FL 33156	☒ 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	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. I hereby certify 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 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:  HECTOR M. TOSTA PRESIDENT MARCH 11, 2005					
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					