2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90376 035 ****50.00

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1. Entity Name
KATHE KOZLOWSKI, LLC

60039066

Principal Place of Business	Mailing Address
1550 MADRUGA AVE., SUITE 301 CORAL GABLES, FL 33146	PO BOX 4607 BOYNTON BEACH, FL 33146

04182007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1662 THISTLE LN		PO Box 1368	
Suite, Apt. #, etc.: Suite A		Suite, Apt. #, etc.	
City & State: Ponce de Leon		City & State: DeFuniak Springs	
Zip: 32455	Country: USA	Zip: 32435	Country: USA

4. FEI Number: 65-1069270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOZLOWSKI, KATHE ESQ.
16662 THISTER LN.
PONCE DE LEON, FL 32455

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 1662 THISTLE Lane
City: Ponce de Leon FL Zip Code: 32455

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOZLOWSKI, KATHE 1550 MADRUGA AVE STE 301 CORAL GABLES, FL 33146	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOZLOWSKI, KATHE 1662 THISTLE LN. PONCE DE LEON, FL 32455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Kathe Kozlowski 4/18/07 850 952 4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #