2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90554 016 ****50.00

DOCUMENT # L02000008682

1. Entity Name
KINERET HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
18305 BISCAYNE BOULEVARD 304 AVENTURA, FL 33180	18305 BISCAYNE BOULEVARD 304 AVENTURA, FL 33180

02162004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3331 NW 168 ST	3331 NW 168 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33056 Country: USA	Zip: 33056 Country: USA

4. FEI Number: 01-0662419 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
18305 BISCAYNE BLVD.
SUITE 304
AVENTURA, FL 33160

7. Name and Address of New Registered Agent

Name: ARAZOZA & CO.
Street Address (P.O. Box Number is Not Acceptable): 2100 SALZEDO ST S#300
City: CORAL GABLES FL Zip Code: 33134

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHONFELD, ZVI ELI 18305 BISCAYNE BOULEVARD, SUITE 304 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHONFELD, ZVI ELI 3331 NW 168 ST MIAMI, FL 33056	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: Zvi Eli Schonfeld 3/24/04 305-474-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #