FILED
Feb 14, 2003 8:00 am
Secretary of State
01-21-2003 90323 045 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # L02000008682

1. Entity Name

KINERET HOLDINGS, L.L.C.

55006760

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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
18305 BISCAYNE BLVD. SUITE 304	18305 BISCAYNE BLVD
Suite, Apt. #, etc. 304	Suite, Apt. #, etc. 304
City & State AVENTURA - FLORIDA	City & State AVENTURA FLORIDA
Zip 33180 Country U.S.A.	Zip 33180 Country U-S-A.

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	7. Name and Address of New Registered Agent
DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BOULEVARD, SUITE 505 AVENTURA FL 33180	Name Schonfeld, David Street Address (P.O. Box Number is Not Acceptable) 18305 Biscayne Blvd Suite 304 City Aventura FL Zip Code 33160

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] Feb 10th 2003

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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	☐ 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

CR2E083 (10/02)

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: SIGNATURE ON FILE [signature] Feb 10th 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #