2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

TITLE

NAME STREET ADDRESS CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

FILED Jan 07, 2005 08:00 AM DOCUMENT # L02000014738 **Secretary of State** 1. Entity Name KVG NORTH AMERICA, LLC Principal Place of Business Mailing Address 7465 BRUNSWICK CIRCLE 7465 BRUNSWICK CIRCLE **BOYNTON BEACH, FL 33437** BOYNTON BEACH, FL 33437 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEL Number Applied For 04-3676540 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MUELLER, WERNER DO NOT WRITE 7465 BRUNSWICK CIRCLE BOYNTON BEACH, FL 33437 IN THIS SPACE 3. 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 tale if applicable. (NOTE: Registered Agent signalure required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE NAME MUELLER, WERNER 7465 BRUNSWICK CIRCLE STREET ADDRESS CITY ST ZIP BOYNTON BEACH, FL 33437 NAME U00000174305 STREET ADDRESS 01/10/05-80003-006 50.00 CITY-ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST ZIP

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 turther 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 of the receiver or truster epipowered to execute this report as required by Chapter 608, Florida Statutes.

1ANUARY 05.2005 SIGNATURE: OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE