2008 LIMITED LIABILITY COMPANY

11. I hereby certify that the

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limited liability comp

SIGNATURE:

is true and go

SIGNING MAI

May 16, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-16-2008 90187 004 ***138.75 DOCUMENT # L02000015397 1. Entity Name KWY INVESTMENTS, LLC Principal Place of Business Mailing Address 60041847 5049 BASIN AVENUE 5049 BASIN AVENUE MILTON, FL 32583 MILTON, FL 32583 04162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EDSEL F. MATTHEWS, JR., PA DO NOT WRITE 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32501 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name, styrispieved agent and title if applicable (NOTE Registered Agent signature required when remislating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR HILE NAME YOUNG, KAREN W 5049 BASIN AVENUE STREET ADDRESS CHY ST-ZIP MILTON, FL 32583 TITLE NAME STREET ADDRESS CHY ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP TITLE IN THIS SPACE NAME STHEET ADDRESS CITY ST ZIP 1EFF F NAMÉ STREET ADDRESS CHY ST ZIP NAME STREET ADDRESS CITY ST ZIP

nformation supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the san e legal effect as if made under oath; that I am a managing member or manager of the or the people of truthe empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #

MEMBER, OR AUTHORIZE) REPRESENTATIVE

FILED