
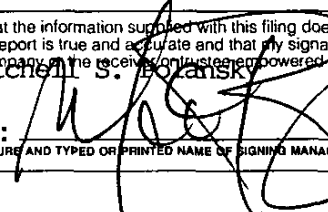


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |   |                                 |  |  |   |   |  |
|---|---|---------------------------------|--|--|---|---|--|
| <b>DOCUMENT # L02000018300</b><br>1. Entity Name<br><b>KORNBLUM INVESTMENTS LLC</b>   |   |                                 |  |   |   | <b>FILED</b><br><br>05 MAY -2 PM 3:59<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>2665 S BAYSHORE DR. STE. 703<br/>MIAMI, FL 33133</b>  |   |                                 |  | Mailing Address<br><b>2665 S BAYSHORE DR. STE. 703<br/>MIAMI, FL 33133</b>   |   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |                                 |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |   |  |
| City & State  |   |                                 |  | City & State   |   |   |  |
| Zip   |   | Country                         |  | Zip  |   | Country   |  |
| 4. FEI Number<br><b>61-1420275</b>  |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | <b>\$5.00</b> Additional Fee Required  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>POLANSKY, MITCHELL S ESQ<br/>2665 S BAYSHORE DR. STE. 703<br/>MIAMI, FL 33133</b>   |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                                 |  | <b>10. ADDITIONS/CHANGES</b>   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>KORNBLUM, JEFFREY<br>2665 S BAYSHORE DR. STE. 703<br>MIAMI, FL 33133 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>KORNBLUM, AMERISA<br>2665 S BAYSHORE DR. STE. 703<br>MIAMI, FL 33133 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 receiving trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |                                 |  |  |   |   |  |
| <b>SIGNATURE:</b>    |   |                                 |  | 4/26/05 (305) 858-9900   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                                 |  | Date Daytime Phone #   |   |   |  |