

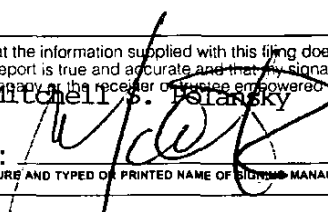


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000018300</b> 1. Entity Name <b>KORNBLUM INVESTMENTS LLC</b>						<b>FILED</b> 06 MAY -8 PM 2:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>2665 S BAYSHORE DR. STE. 703 MIAMI, FL 33133</b>				Mailing Address <b>2665 S BAYSHORE DR. STE. 703 MIAMI, FL 33133</b>			
2. Principal Place of Business <b>2665 S. Bayshore Drive</b>			3. Mailing Address <b>2665 S. Bayshore Drive</b>			04172006 Chg-LLC CR2E083 (11/05)  4. FEI Number <b>61-1420275</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Suite, Apt. #, etc. <b>Suite 703</b>			Suite, Apt. #, etc. <b>Suite 703</b>				
City & State <b>Miami, FL</b>			City & State <b>Miami, FL</b>				
Zip <b>33133</b>		Country <b>USA</b>		Zip <b>33133</b>			
6. Name and Address of Current Registered Agent  <b>POLANSKY, MITCHELL S ESQ 2665 S BAYSHORE DR. STE. 703 MIAMI, FL 33133</b>						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>						<b>10. ADDITIONS/CHANGES</b>	
TITLE MGR <input type="checkbox"/> Delete NAME KORNBLUM, JEFFREY STREET ADDRESS 2665 S BAYSHORE DR. STE. 703 CITY-ST-ZIP MIAMI, FL 33133						<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800075891488</b> <b>06/06/06--01047--003 **1800.00</b>	
TITLE MGR <input type="checkbox"/> Delete NAME KORNBLUM, AMERISA STREET ADDRESS 2665 S BAYSHORE DR. STE. 703 CITY-ST-ZIP MIAMI, FL 33133						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 40%; text-align: right;"> <b>4/11/06 (305) 858-9900</b>  <small>Date Daytime Phone #</small> </div> </div>							