2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Zip Country Zip Country 5. Cottificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLANSKY, MITCHELL S ESQ 2665 S BAYSHORE DR. STE. 703 MIAMI, FL 33133 City FL Zip Code 8. The above named entity submits this statement for the purpose of chenging its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Filling Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGCR KORNBLUM, JEFFREY SITERT ADDRESS CITY-ST-2P MAME SITERT ADDRESS CITY-ST-2P TITLE MGCR KORNBLUM, AMERISA SITERT ADDRESS CITY-ST-2P TITLE MGCR MGCR KORNBLUM, AMERISA SITERT ADDRESS CITY-ST-2P TITLE MGCR	DOCUMENT # L02000018300 1. Entity Name KORNBLUM INVESTMENTS LLC				F 07 JUL SECRETA	1LED -5 AM 9 56	
Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. O430207 Chg-LLC CR2E083 (12/06)	2665 S BAYSHORE DR. SUITE 703		2665 S BAYSHORE DR. Suite 703				
City & State Country City & Status Desired \$5.00 Additions of Status Desired Agent \$5.00 Additions of Status Desired Agent \$5.00 Additions of Status Desired \$5.00 Additions \$5.00 Addit	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302007 Chg-LLC CR2E	083 (12/06)	
Single Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name POLANSKY, MITCHELL S ESO 2665 S BAYSHORE DR. STE. 703 MIAMI, FL 33133 City City FL 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 a the obligations of registered agent. Signature Filling Fee is \$50.00 Pilling Fee is \$50.00 Pilling Fee is \$50.00 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS TITLE NAME KORNBLUM, JEFFREY MANAGING MEMBERS/MANAGERS TITLE NAME NAME NAME NAME NICEL MORE NAME NAME SIRET MORES CITY-ST-2P MIAMI, FL 33133 Delete TITLE NAME SIRET MORES CITY-ST-2P MIAMI, FL 33133 Delete TITLE NAME SIRET MORES CITY-ST-2P MIAMI, FL 33133 Delete TITLE NAME SIRET MORES CITY-ST-2P TITL	City & State		City & State			Applied For Not Applicable	
POLANSKY, MTCHELL S ESO 2665 S BAYSHORE DR. STE. 703 MIAMI, FL 33133 City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered	Agent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a state of Plorida. I am familiar with, and a state of Plorida. I am familiar with, and a state of Plorida purpose of present and state if applicable. (NOTE Registered Agent signature required when remotating) Part Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State Florida Department of State Florida Department of State ITILE MAGR KORNBLUM, JEFFREY SIREET ADDRESS CITY-ST-2IP TITLE MAGR MAME MAME MAME MAMI, FL 33133 Delete TITLE MAME	2665 S BAYSHORE DR. STE. 703						
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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent agenture required when renatating) DATE Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Grange Change C				City	Fi	Zip Code	
Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State	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						
9.	SIGNATURE Signature, typed or prixited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9.	Filing Fee is \$50.00				· · · · · · · · · · · · · · · · · · ·	•	
TITLE MARE Change MARE	Due by May 1, 2007				Florida Departi	lient of State	
NAME STREET ADDRESS CITY-ST-ZIP Change AMME Change AMME					ADDITIONS/CHANGE		
TITLE NAME KORNBLUM, AMERISA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OElete TITLE OELETE TITLE OELETE TITLE OELETE OELET OELETE OELETE OELETE OELETE OELETE OELETE OELETE OELETE OELET OELETE OELETE OELETE OELET OELETE OELET			L_1 Delete		occionate.		
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change A Chang			3	***************************************	07/09/0701035001	***900.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change A Cha	ŀ		☐ Delete	. ==		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE ITI	STREET ADDRESS	2665 S BAYSHORE DR. STE. 703	3	STREET ADDRESS	•	·	
TITLE	NAME STRFET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME			□ Delete	}		☐ Change ☐ Addition	
TITLE	NAME STREET ADDRESS			STREET ADDRESS		. —	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change A Change A						☐ Change ☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change P	NAME			NAME			
20000	STREET ADDRESS	1 .		1			
STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP	2 2/2	☐ Delete	NAME		☐ Change ☐ 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 captive of trusted proposers of execute this report as required by 3 hapter 608, Florida Statutes 305) 858–9900	TITLE NAME STREET ADDRESS	6/14/	1)	Autu Az 717			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with on this report is true and accurate and it is true and accurate and it is true and accurate and it is true at truster.	this filing does not qualify for the hat my signature shall have the proposered to execute this rep	ne exemptions contained e same legal effect as if r port as required by	in Chapter 119, Florida Statutes, I further certif nade under oath; that I am a managing memb (\$17608, Florida Statutes 305) 858–991	y that the information er or manager of the	