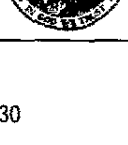



FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032133 1. Entity Name CORNER SHOT GROUP, L.L.C.			Secretary of State	
Principal Place of Business FOUR SEASONS OFFICE TOWER 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US		Mailing Address FOUR SEASONS OFFICE TOWER 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131 US		
DO NOT WRITE IN THIS SPACE		 03312006 No Chg-LLC CR2E083 (11/05)		
		4. FEI Number 56-2305417		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent Krongold & Singer, P.L. FOUR SEASONS OFFICE TOWER 1441 BRICKELL AVE., SUITE 1430 MIAMI, FL 33131		DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>				
Filing Fee is \$50.00 Due by May 1, 2006		000000510104 04/28/06-80070-012 50.00		
9. MANAGING MEMBERS/MANAGERS				
TITLE	MGR	DO NOT WRITE IN THIS SPACE		
NAME	CORNER KROWN, L.L.C.			
STREET ADDRESS	1441 BRICKELL AVE., SUITE 1430			
CITY-ST-ZIP	MIAMI, FL 33131			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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 606, Florida Statutes.				
SIGNATURE: _____		Date: 3/31/06 (305) 416-4545		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>				