

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003017

FILED
Apr 23, 2009
Secretary of State

Entity Name: KIMC SOUTH MIAMI LLC

Current Principal Place of Business:

C/O MEDVANCE INSTITUTE, 1401 FORUM WAY
SUITE 600
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

C/O MEDVANCE INSTITUTE, 1401 FORUM WAY
SUITE 600
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 42-2006029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: SCHWARZBERG, DEBORAH K
Address: 1401 FORUM WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CEO () Delete
Name: HOPKINS, JOHN
Address: 1401 FORUM WAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CFO (X) Delete
Name: BENHAM, BILL
Address: 1401 FORUM WAY
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JOHN L. HOPKINS

MGF

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date