2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Apr 19, 2007 8:00 am Secretary of State **DOCUMENT #L03000007828** 04-19-2007 90037 047 ****50.00 KMAN, LLC Principal Place of Business Mailing Address 3332 NE 33RD ST 3332 NE 33RD ST FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 04122007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 54-2103427 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOMANY, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 3332 NE 33RD ST FORT LAUDERDALE, FL 33308 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGRM TITLE MGRM ☐ Delete TITLE Tomany, Michael A Change ■ Addition TOMANY, MICHAEL A NAME NAME 3332 NE 33rd St STREET ADDRESS STREET ADDRESS **45 COQUINA LANE** Pt.Lauderdale, FL 33308 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD, FL 34223 MGRM TITLE Delete TITLE Change ☐ Addition Frey, Hemetha FREY, KENNETH G NAME 3332 NE 33NG St 45 COQUINA LANE STREET ADDRESS STREET ADDRESS Ft. Lauderdele, FL 3330K CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP MGRM MGRM Change 1111 5 ☐ Defete TITLE ☐ Addition Prey. Daney m FREY, NANCY M NAME NAME 3332 NE 33265+ 45 COQUINA LANE STREET ADDRESS STREET ADDRESS F+.Lauderdale,FL 33308 CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP HILE □ Delete THILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 608, Florida Statutes.

F SONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE