2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # L03000008946 1. Entity Name H. S. KRANDALL, LLC Principal Place of Business Mailing Address 980 NORTH FEDERAL HWY., STE. 430 980 NORTH FEDERAL HWY., STE. 430 BOCA RATON, FL 33432 BOCA RATON, FL 33432 01302006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1681356 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVINE, COREY E CPA DO NOT WRITE 980 NORTH FEDERAL HIGHWAY **SUITE 430** IN THIS SPACE BOCA RATON, FL 33432 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 trile it applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGR KRANDALL, HUBERT S NAME STREET ADORESS 980 NORTH FEDERAL HWY., STE. 430 U00000423689 02/18/06-80018-014 50.00 CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 seceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

2/2/06