

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Oct 08, 2009  
Secretary of State**

DOCUMENT# L03000018811

Entity Name: KIMC PORT ST. LUCIE LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1401 FORUM WAY  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 20-0388896      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: CEO ( ) Delete  
Name: HOPKINS, JOHN  
Address: 1401 FORUM WAY, STE 600  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOPKINS, JOHN L  
Address: 1401 FORUM WAY, STE 600  
City-St-Zip: WEST PALM BEACH, FL 33401

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

MGR

10/08/2009

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