2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Apr 30, 2005 08:00 AM DOCUMENT # L03000027680 **Secretary of State** 1. Entity Name KENĎALL 2, LLC Principal Place of Business Mailing Address 601 BRICKELL AVENUE, SUITE 604 601 BRICKELL AVENUE, SUITE 604 MIAMI, FL 33131 MIAMI, FL 33131 CR2E083 (10/03) 03222005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1601247 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 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 typed or printed name of registered agent and fifth if applicable (NOTE, Registered Agent signature required when reinstating) DATE U00000346180 Filing Fee is \$50.00 Due by May 1, 2005 04/30/05-80064-015 55.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DIAZ, GENARO NAME 601 BRICKELL AVENUE, SUITE 604 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE MALIF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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.

FILED