2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State DOCUMENT # L03000030404 02-25-2004 90279 040 ****50.00 1. Entity Name KAYÓ, LLC Principal Place of Business Mailing Address 24014112 1820 C. BALD EAGLE DRIVE 1820 C. BALD EAGLE DRIVE NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FE! Number Applied For 56-2387546 Not Applicable . Country: Country _ . Zip \$5.00 Additional 5. Certificate of Status Desired ~ - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code City 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) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition MGR ☐ Delete TITLE ☐ Change TITLE POWLESS, JOEL J.C. NAMÉ NAME STREET ADDRESS STREET ADDRESS 1820 C. BALD EAGLE DRIVE CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE POWLESS, SHAWNA B NAME NAME STREET ADDRESS STREET ADDRESS 1820 C. BALD EAGLE DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34105 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME POWLESS, SHAWNA B NAME STREET ADDRESS 1820 C. BALD EAGLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34105 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME POWLESS, JOEL J.C. NAMÉ 1820 C. BALD EAGLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS 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.

D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 25, 2004 8:00 am

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