

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043306

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: MICROKITTEN, LLC

**Current Principal Place of Business:**

45 N.E. 39 ST.  
MIAMI, FL 33137

**New Principal Place of Business:**

39 NE 39 STREET  
MIAMI, FL 33137 US

**Current Mailing Address:**

45 N.E. 39 ST.  
MIAMI, FL 33137

**New Mailing Address:**

PO BOX 380881  
MIAMI, FL 33238 US

FEI Number: 76-0748427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLLETTI, JOSEPH R  
3550 BISCAYNE BLVD., STE. 610  
MIAMI, FL 33137 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: MGRM ( ) Delete  
Name: ROSE, ROBERT K  
Address: 45 N.E. 39 ST.  
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete  
Name: RHODES, STEVEN M  
Address: 45 N.E. 39 ST.  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROSE, ROBERT K  
Address: 39 NE 39 STREET  
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM (X) Change ( ) Addition  
Name: BHATT, TANYA  
Address: 39 NE 39 STREET  
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN ROSE

MGRM

04/30/2006

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