

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043306

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**Entity Name:** MICROKITTEN, LLC

**Current Principal Place of Business:**

39 NE 39 STREET  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380881  
MIAMI, FL 33238 US

**New Mailing Address:**

**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:**

ROSE, ROBERT K  
144 NW 87 STREET  
EL PORTAL, FL 33150 US

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: ROBERT KEVIN ROSE      04/16/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROSE, ROBERT K  
Address: PO BOX 380881  
City-St-Zip: MIAMI, FL 33238 US

Title: MGRM ( ) Change (X) Addition  
Name: ROSE, HEATHER A  
Address: PO BOX 380881  
City-St-Zip: MIAMI, FL 33238 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: ROBERT KEVIN ROSE      MGRM      04/16/2007  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date