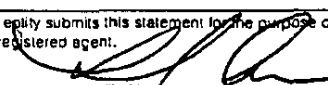
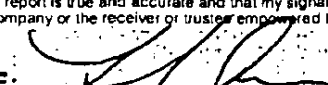


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 05, 2004 8:00 am
Secretary of State

03-23-2004 90070 025 ****50.00

DOCUMENT # L03000045047					
1. Entity Name KIDSWORKS FLORIDA, LLC					
Principal Place of Business 13153 VEDRA LAKE CIR. DELRAY BEACH, FL 33446			Mailing Address 13153 VEDRA LAKE CIR. DELRAY BEACH, FL 33446		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0423129	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, MORTON P ESQ 100 S.E. 2ND ST., 17TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name LEONARD ARONSON Street Address (P.O. Box Number is Not Acceptable) 13153 VEDRA LAKE CIRCLE City DELRAY BEACH FL 33446		
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:  DATE: 3/21/04					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORTON P. BROWN, ESQ. 100 S.E. 2ND ST., 17TH FLOOR MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER LEONARD ARONSON 13153 VEDRA LAKE CIRCLE DELRAY BEACH, FL 33446	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JON S. ARONSON 13153 VEDRA LAKE CIRCLE DELRAY BEACH, FL 33446	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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.					
SIGNATURE:  LEONARD ARONSON DATE: 3/21/04 (561) 638-1940					