## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 10, 2008 8:00 am Secretary of State

SIGN W OALLAND PARK BILVD, STE 201 SURRE, FL 33351  2. Principal Places of Business - No P.O. Box # 3. Melling Address    Suite, April #, etc.   Suite   City & State    City & State   City & State   City & State    Zip   Country   Zip   Country   Zip   Country    Zip   Country   Zip   Country   Zip   Country    Zip   Country   Zip   Country   Zip   Country    E. Name and Address of Current Registered Agent    KLISTON, TODD W. **  Series Address (P.O. Box Number is Not Acceptable)  FL Registered Agent    KLISTON, TODD W. **  8. The above namedy-only fluxinitis into address of Current Registered Agent    KLISTON, TODD W. **  8. The above namedy-only fluxinitis into address of current Registered Agent    KLISTON, TODO W. **  Series Address (P.O. Box Number is Not Acceptable)  FL Zip Code    8. The above namedy-only fluxinitis into address of the purpose of changing for registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept in each process of the purpose of changing for registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept in each process of the purpose of the purp	DOCUMENT # L03000054910  1. Entity Name KESY HOLDINGS LLC							03-10-2008	90335 01	7 ***138	8.75	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   CRyze83 (12/06)	8360 W OAKLAND PARK BLVD, STE 201 8360 W OAK				AKLAND PARK BLVD, STE 201							
City & State  Country  Country  S. Conflictation of Status Desired  S. Country  S. Country  Name  Name  Name  Name  Name  Name  Street Address of New Registered Agent  City & State Address of New Registered Agent  City & State Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL	2. Principal P	lace of Busines:	s - No P.O. Box #	3. Mailing Address								
Zip Country Zip Country Siph Country Siph Country Siph Country Sight Part Agent Sight Part	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02132008	Chg-LLC	CR2E08	3 (12/06)		
S. Certificate of Salaza Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity such as tale the first of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of significant agent.  8. The above named entity such as tale the first such as tale and the first such as the first such as tale and the first such as tale and the first such as the first s	City & State	9		City & State			<b>I</b>			_ <del> </del>		
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip Count		try						
SET TO CODE W 2211 W BROWARD BLVD, STE 375 PLANTATION, FL 33324  City FL Zip Code  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, type Signature from or required spent and stell respectable.  PLE NOW/fill FEE IS \$139.75  After May 1, 2008 Fee will be \$538.75   Make check payable to Fiorida Department of State  MANAGING MEMBERS MANAGERS  9. MANAGING MEMBERS MANAGERS  10. ADDITIONS/CHANGES  10. ADDIT	<u>-</u>	6. Name an	nd Address of Current I	Registered Agent		Name	7. Name and	Address of New R	tegistered A	gent		
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  8. The above named entity submits his 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, types (primord agent in qualified agent agent).  SIGNATURE  Signature, types (primord agent in qualified agent agent).  Make check payable to Florida Department of State.  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANNES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANNES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANNES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANNES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANNES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANNES	KLISTON.	TODD W 🥸	4			Namo						
B. The above named entity dumits this statement for the purpose of changing its registered allice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  Signature hyper (gronour name of registered agent and title if appaciable.  (NOTE: Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  (NOTE: Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Make check payable to Florida Department of State  P. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  CHY-ST-2P  MAKE  MACE  SIRET ADDRESS  CHY-ST-2P  MAKE  SIRET ADDRESS  CHY-ST-2P  MA	8211 W BF	ROWARD BI	LVD, STE 375		Street Address (P.O. Box Number is Not Acceptable)							
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						City			FI	Zip Code	e	
THE NOMES OF STREET ADDRESS OTT'S T-ZP  THE NAME STREET ADDRESS OTT T-ZP  THE												
Signature lines of Egranded Agent depended and each expectable. (KOTE: Registered Agent signature required when retribution)  P. FILE NOWIT! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  TITLE MGR MGR MGR MGR MGR MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MADOCH, DAVID MAKE KADOCH, DAVID SIRET ADDRSS SUNRISE, FL 33351  TITLE MME SIRET ADDRSS CITY-57-27  TITLE MME SIRET ADDRSS CITY-57-27  TITLE MAKE MAKE MAKE SIRET ADDRSS CITY-57-27  TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	the obligations of registered agent.											
FILE NOW'II FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TIME MGR KADOCH, DAVID 8890 W. OAKLAND BLVD # 2 0 ( STRET ADDRESS CITY-ST-2P	SIGNATURE											
FILE NOWTH FEE IS \$138.75  After May 1, 2009 Fee will be \$538.75  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MGR KADOCH, DAVID THE NAME STRET ADDRESS CITY-ST-2P  TITLE MARE MARE STRET ADDRESS CITY-ST-2P  TITLE MARE MARE STRET ADDRESS CITY-ST-2P  TITLE MARE MARE MARE MARE MARE MARE MARE MAR	Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
### Piorida Department of State	EI) E	NOWN EE	E 10 6420 75					Mak		vable to		
TITLE KADOCH, DAVID 8360 W. OAKLAND BLVD # 2 0 ( STREET ADDRESS ST	After May	After May 1, 2008 Fee will be \$538.75								•	•	
TITLE KADOCH, DAVID 8360 W. OAKLAND BLVD # 2 0 ( STREET ADDRESS ST		<u> </u>		<u>,                                    </u>					المعارض هريتها		** :**,	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			MANAGING MEMBE		_			ADDITIONS				
STREET ADDRESS CITY-ST-ZP SUNRISE, FL 33351  TITLE TIT	''	l .	AVID	∟ Detete						L Change	☐ Addition	
CITY-ST-ZIP  TITLE    Delete   TITLE   NAME   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   CITY-ST-ZIP    TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP		1	201		-							
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T	CITY-ST-ZIP		·	CITY	-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE	TITLE	1		☐ Delete	TITL	E				☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE    Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   NAME   Change   Addition   NAME			•								1	
TITLE Delete TITLE Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE DElete TITLE ADDRESS  CITY-ST-ZIP  TITLE DElete TITLE ADDRESS  CITY-ST-ZIP  TITLE DELETE DELETE TOORESS  CITY-ST-ZIP  TITLE DELETE TOORESS  CITY-ST-ZIP  TIT	Į.					l l						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY				D Dates	-					Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE	i	1							=	☐ Change	Audulion	
TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  THE	STREET ADDRESS				STR	EET ADDRESS				-		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY	CITY-ST-ZIP				CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TO Delete TITLE TITLE TO Change TO Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO Change To Ch		ļ.		☐ Delete		1				Change	Addition	
CITY-ST-ZIP  TITLE	ļ •											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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					1	l l						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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	TITLE			Delete	TITL	E				☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  1. hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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	4					l l						
TITLE  NAME  STREET ADDRESS  CITY-5T-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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						1						
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	CITY-ST-ZiP	<u> </u>			CITY	r-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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				Delete		- ļ				☐ Change	Addition	
CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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						1						
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	ľ					1		•		٠.		
	indicated	i on this report i	s true and accurate and	that my signature shall have	the sam	e legal effect as if	made under oat	h; that I am a mana				