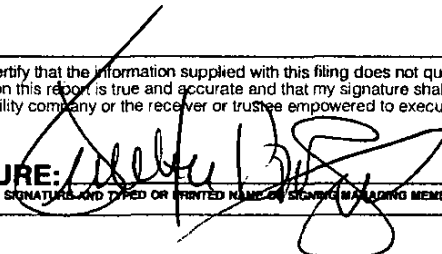


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90057 006 ****50.00

DOCUMENT # L04000007370 1. Entity Name KINSALE INVESTMENTS LLC					
Principal Place of Business 324 N.E. 12TH AVE. FORT LAUDERDALE, FL 33301 US			Mailing Address 324 N.E. 12TH AVE. FORT LAUDERDALE, FL 33301 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 22794 Suite, Apt. #, etc.			
City & State Zip Country		City & State FT. Lauderdale FL Zip Country 33335 US		4. FEI Number 20-0660288 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				20003989 	
6. Name and Address of Current Registered Agent BROGAN, JENNIFER- 324 N.E. 12TH AVE. FORT LAUDERDALE, FL 33301					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2005					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENNIFER Brogan 324 N.E. 12th Ave FT. Lauderdale, FL 33301 ☐ 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:  JENNIFER-BROGAN 1/22/05 954-728-8993 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					