2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 09, 2007 8:00 am Secretary of State 05-09-2007 90026 025 ****50.00 DOCUMENT # L04000043407 KC INVESTMENT HOLDINGS, LLC PUUDUUIT Principal Place of Business Mailing Address 61 W COLONIAL DR 61 W COLONIAL DR ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1226076 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B Street Address (P.O. Box Number is Not Acceptable) 61 WEST COLONIAL DR ORLANDO, FL 32801 City 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES VT TITLE ☐ Delete TITLE **X**Xddition COHEN, ODED 61 W. COLONIAL DRIVE COHEN ODED NAME NAME STREET ADDRESS 61 WEST COLONIAL DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ORLANDO, FLORIDA 32801 TITLE ☐ Delete TITLE ☐ Change Addition KODSI, STEVE NAME NAME STREET ADDRESS 61 W COLONIAL DR STREET ADDRESS CITY-ST-7/P ORLANDO, FL 32801 CITY-ST-7IP ☐ Defete TITLE TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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ODED COHEN 4/1/01 SIGNATURE IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANA

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