

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048484

FILED
Jun 10, 2006
Secretary of State

Entity Name: KEMET GROUP HOLDINGS LLC

Current Principal Place of Business:

1276 OLYMPIC CIRCLE
GREENACRES, FL 33413

New Principal Place of Business:

2385 EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431

Current Mailing Address:

1276 OLYMPIC CIRCLE
GREENACRES, FL 33413

New Mailing Address:

2385 EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33421

FEI Number: 20-1805555 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ACCIME, HERICKSON
1276 OLYMPIC CIRCLE
GREENACRES, FL 33413 US

Name and Address of New Registered Agent:

ACCIME, HERICKSON
2385 EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431 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: HERICKSON ACCIME

06/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ACCIME, HERICKSON
Address: 1276 OLYMPIC CIRCLE
City-St-Zip: GREENACRES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ACCIME, HERICKSON
Address: 2385 EXECUTIVE CENTER DRIVE, SUITE 100
City-St-Zip: BOCA RATON, FL 33431

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: HERICKSON ACCIME

MGRM

06/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date