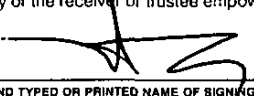


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 21 AM 8:56

DOCUMENT # L04000051882 1. Entity Name KISSIMMEE 392, LLC					
Principal Place of Business 2159 CORAL WAY SUITE B MIAMI, FL 33145			Mailing Address 2159 CORAL WAY SUITE B MIAMI, FL 33145		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14160 PALMETTO FRONTAGE RD. Suite, Apt. #, etc. # 21			
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL		4. FEI Number 08312005 Chg-LLC CR2E083 (10/03)	
Zip Country 33016 USA		Zip Country 33016 USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSCHETTI, JOSE R 2159 CORAL WAY SUITE B MIAMI, FL 33145				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 September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPARROS, MARTIN JR 14160 PALMETTO FRONTAGE ROAD STE. 21 MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EISNER, NEIL 7602 MARBLEHEAD LANE 204 PARKLAND, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700059825107 09/21/05--01038--012 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALCONE, ARTHUR 7602 MARBLEHEAD LANE 204 PARKLAND, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 ☐ 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:  Martin Caparros 9/2/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					