

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059071

Entity Name: KAMEA, LLC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180

Current Mailing Address:

18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180

New Principal Place of Business:

18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 US

New Mailing Address:

18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 US

FEI Number: 20-1492633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A
18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARY, JOEL S
Address: 17701 BISCAYNE BLVD., 3RD FLOOR
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: BENAMU, SADIA
Address: 17701 BISCAYNE BLVD., 3RD FLOOR
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARY, JOEL S
Address: 17701 BISCAYNE BLVD., 3RD FLOOR
City-St-Zip: AVENTURA, FL 33160 US

Title: MGR (X) Change () Addition
Name: BENAMU, SADIA
Address: 17701 BISCAYNE BLVD., 3RD FLOOR
City-St-Zip: AVENTURA, FL 33160 US

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: JOEL BARY

MGR

04/25/2006

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