2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000072681** 05-02-2005 90369 048 ****50 00 1. Entity Name KENNICK INTERNATIONAL LLC Principal Place of Business Mailing Address 115 RENAISSANCE DRIVE 115 RENAISSANCE DRIVE 14013148 NORTH PALM BEACH, FL 33410 NORTH PALM BEACH, FL 33410 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 Cha-LLC CR2E083 (10/03) Applied For City & State City & State 4. EEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRARA, NICHOLAS F Street Address (P.O. Box Number is Not Acceptable) 115 RENAISSANCE DRIVE NORTH PALM BEACH, FL 33410 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition FERRARA, NICHOLAS F NAME NAME 115 RENAISSANCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33419 CITY-ST-ZIP MGRM Delete TITI F ☐ Change ☐ Addition SCHNEIDERMESSER, KENNETH NAME NAME 115 RENAISSANCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33410 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP

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

FILED