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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # L04000085323** 04-04-2005 90418 050 ****50.00 1. Entity Name FREDDY KILOWATT, LLC Principal Place of Business Mailing Address 5600 MCKINLEY ST 5600 MCKINLEY ST HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Cha-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For 20-1956101 Not Applicable ^ Zip 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 Name GEORGIADIS, ALFRED W Street Address (P.O. Box Number is Not Acceptable) 5600 MCKINLEY ST HOLLYWOOD, FL 33021 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. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to **Provide Department of State** MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR MER TITLE TITLE Change ☐ Delete Addition Georgiadis, Alfred W. 5600 Mc Kinley St. Holliwood, FL 33021 NAME GEORGIADIS, ALFRED S NAME STREET ADDRESS 5600 MCKINLEY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Hollywood HOLLYWOOD, FL 33021 MGR TITLE ☐ Delete Change TITLE ☐ Addition NAME KEARNS, TIFFANY L NAME Kearns 5600 McK STREET ADDRESS 5600 MCKINLEY ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition William J. McHugh 1230 N. 56 Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P TITLE ☐ Delete TITLE Change : ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE