FILED
Jul 10, 2006 8:00 am
Secretary of State

05-01-2006 90050 029 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000022679

1. Entity Name
KISSIMMEE GROUP, LLC

30011703

Principal Place of Business	Mailing Address
325 W. OAK STREET KISSIMMEE, FL 34741	325 W. OAK STREET KISSIMMEE, FL 34741

2. Principal Place of Business	3. Mailing Address
	7500 Commerce Center Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando FL
Zip / Country	Zip: 32819 Country: U.S.A.

04282006 Chg-LLC CR2E080 (11/05)

4. FEI Number: Applied For ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE STE. 1300
JACKSONVILLE, FL 32202-5017

7. Name and Address of New Registered Agent

Name: Ahmed, Tahir M.
Street Address (P.O. Box Number is Not Acceptable): 7500 Commerce Center Dr.
City: Orlando FL Zip Code: 32819

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: [signature] Tahir Ahmed 4/20/06

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. AHMED, TAHIR 7500 Commerce Center Dr. Orlando, Fl 32819 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] Khurrum Sheik 4/20/06 407-447-5040

Signature and typed or printed name of signing managing member, manager, or authorized representative / Date / Daytime Phone #