2007 LIMITED LIABILITY COMPANY

May 10, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-10-2007 90421 025 ****50.00 DOCUMENT # L05000026544 KEMCHO INVESTMENT GROUP, LLC 60050602 Principal Place of Business Mailing Address 790 SUMMA AVENUE **790 SUMMA AVENUE** WESTBURY, NY 11590 WESTBURY, NY 11590 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc Chg-LLC 04232007 CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-2811914 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 Name STONE, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition JAFFER, SADIQUE NAME NAME STREET ADDRESS 790 SUMMA AVENUE STREET ADDRESS CITY-ST-ZIP WESTBURY, NY 11590 CITY-ST-ZIP MGR Delete TITLE MGR Change TITLE ☐ Addition Luthra VIJAY : Luthra Rita LUTHRA, VIJAY NAME 27 North Summerlin AVE . Onlando, FL 32801 499 NORTH S.R. 434, SUITE 2159 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ROTH, JAMES JR NAME NAME 27 North Summerlin AVE. STREET ADDRESS STREET ADDRESS Orlando, FL 32801 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE MGR Addition JAFFER, MOHANESTAKI NAMÉ 1738 BRIDGEWATER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY, FL 32801 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Change ☐ Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

FILED

SIGNATURE:

MANNGING MIMS.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE