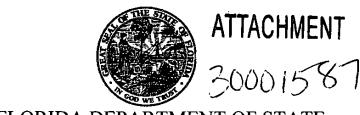
FILED Mar 02, 2006 8:00 am Secretary of State 02-13-2006 90195 044 ****50.00

1. Entity Name KSM, LIMITED LIABILITY COMPANY			
Principal Place of Business 6891 SW 130TH TERRACE MIAMI, FL 33156	Mailing Address 6891 SW 130TH TERR MIAMI, FL 33156	ACE	30001587
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172006 Chg-LLC CR2E083 (11/05)
City & State	City & State		4. FELNumber 2 8 N LO 2 C Applied Fo
Zip Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
B. Name and Address of Co	urrent Registered Agent	Name	7. Name and Address of New Registered Agent
MERRILL, KEITH JESQ 1320 SOUTH DIXIE HIGHWAY, SUI CORAL GABLES, FL 33146	TE 731		is (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
8. The above named entity submits this stated the obligations of registered speny. SIGNATURE Signaline, typed or printed named legislater.	mill	2	stered agent, or both, in the State of Florida. I am familiar with, and acc
Filing Fee is \$50.06 Due by May 1, 2006	to spen and me if apparation. (NOT	E: Registered Agent signeture requi	Make check payable to Florida Department of State
	IEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE Managing Mon NAME STREET ADDRESS CITY-ST-79 Migney M	ber Doleto Tear 3366	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Adi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-S1-TIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad:
11TLE NAME STREET ADDRESS CITY-51-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	Change Add
11. I hereby certify that the information supplied indicated on this report is true and accurationated liability company or the receiver or SIGNATURE: SIGNATURE:	te and that my signature shall have trustee empowered to ofecute this	the same fegal effect as if	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

KSM, LIMITED LIABILITY COMPANY 6891 SW 130TH TERRACE MIAMI, FL 33156

Subject: KSM, LIMITED LIABILITY COMPANY

Reference Number:

L05000041404

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION