2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 28, 2007 08:00 AN DOCUMENT # L05000044031 **Secretary of State** 1. Entity Name KOSHAW, LLC Principal Place of Business Mailing Address P.O. BOX 590716 P.O. BOX 590716 FORT LAUDERDALE, FL 33359 FORT LAUDERDALE, FL 33359 03142007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4114656 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAW, HALYNA DO NOT WRITE 6160 NW 33 WAY FORT LAUDERDALE, FL 33309 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE U00000681278 Filing Fee is \$50.00 Due by May 1, 2007 04/04/07-80037-009 50.00 MANAGING MEMBERS/MANAGERS 9. MGR सता SHAW, HALYNA 6160 NW 33 WAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 MGR TITLE NAME KOKASKA, YVONNE 6160 NW 33 WAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CMY-ST-ZIP IIILE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CRY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is rue and accurate and that my signature shall have the same legal effect as if made underloath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: