2	008 LIMITED LIA ANNUAI	ABILITY COMPA	NY	Anr 2	FILED 8, 2008 08:00 AN
1. Entity Nar	MENT # L05000054				cretary of State
60 OCEAN E SUITE 15	ce of Business 3LVD EACH, FL 32233	Mailing Address 2532 DUPONT DRIVE IRVINE, CA 92612		i indiana in toint ann ann ann ann ann a	LI ANNI ANNI KINA MARINA MARI
C	DO NOT WRITE	E IN THIS SPA	CE	4. FEI Number 47-0954979	CR2E083 (12/07) Applied For Not Applicable S5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent			
COE, BRA	N BLVD			DO NOT WR	ITE
SUITE 15 ATLANTIC BEACH, FL 32233			IN THIS SPACE		
8. The above	e named entity submits this statement for	or the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida	Lam familiar with, and accept
the obligat	tions of registered agent.				
SIGNATURE.	Signature typed or printed name of registered agent	and life if applicable (NOTE Register	ad Agent signature required	when reinstaung)	DAIE
FiLE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5			
9.	MANAGING MEMBI	ERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	KAPLAN, KENNETH M			10000092	7732
TITLE NAME STREET ADDRESS CITY-ST-ZIP				05/21708-86)ÓÍ≖003 138.75
TITLE NAME STREET ADDRESS			-		
CITY-ST-ZIP TITLE		·	4	DO NOT WR	
NAME STREET ADDRESS				IN THIS SPA	
CITY-ST-ZIP			1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			-		
NAME STREET ADDRESS CITY-ST-ZIP					
indicated	certify that the information supplied wit on this report is true and accurate an ibility company or the receiver or truste	d that my signature shall have the sai	me legal ettect as it.	in Chapter 119. Florida Statutes, I furt made under oath, that I am a managin pter 608. Florida Statutes.	her certify that the information ng member or manager of the
SIGNAT		nu kapla		4/22/08 (949) 852-0634
		SIGNING MANAGING MEMBER, OR AUTHORIZ	ED REPRESENTATIVE	Date	Daytime Phone #

SIGNATURE AND TYPE	O OR PRINTED NAME OF SIGNING MANA	GING MEMBER, OR AUTHORIZED REPR	ESENT

i.