2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 13, 2006 8:00 am Secretary of State DOCUMENT # L05000060081 1. Entity Name KOOK INDUSTRIES, LLC 04-13-2006 90034 004 ****50.00 Principal Place of Business Mailing Address 3204 NORTH EAST 7TH PLACE 3204 NORTH EAST 7TH PLACE #1 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address (0278 N. Federal Hwy. suite, Apt. #, etc. 2750 NE 19 Suite, Apt. #, etc. 03072006 Cha-LLC CR2E083 (11/05) ≠<u>329</u> City & State 4. FEI Number Applied For LIGHTHOUSE auderdale 20-3149490 Not Applicable 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 ROYS, KERRY S Street Address (P.O. Box Number is Not Acceptable) 2750 NE 19 7V 3204 NORTH EAST 7TH PLACE POMPANO BEACH, FL 33062 City LIGHTHOUSE POINT 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 reinstating) 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 MGRM Change TITLE ☐ Delete TITLE ☐ Addition ROYS, KIMBERLY A NAME 2750 NE 19 AV #4 STREET ADDRESS 3204 NORTH EAST 7TH PLACE # 1 STREET ADDRESS 33064 POMPANO BEACH, FL 33062 CITY-ST-ZIP LIGHT HOUSE POINT, FL CITY-ST-ZIP **MGRM** ☐ Delete ☐ Addition TITLE ROYS, KERRY S NAME NAME 2750 NE 19 AV #4 STREET ADDRESS 3204 NORTH EAST 7TH PLACE # 1 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-7IP 33064 LIGHTHOUSE POINT, FL Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TILLE ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

954-401-151B LANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE