


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90034 045 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000102408	
1. Entity Name <b>KIDS BLOCK, LLC</b>	

Principal Place of Business <b>C/O JORDAN ZIMMERMAN 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309</b>	Mailing Address <b>C/O JORDAN ZIMMERMAN 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309</b>
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**60035756**



2. Principal Place of Business - No P.O. Box # <b>2200 W. Commercial Blvd</b>	3. Mailing Address <b>2200 W. Commercial Blvd</b>
Suite, Apt. #, etc. <b>Suite 208B</b>	Suite, Apt. #, etc. <b>Suite 208B</b>
City & State <b>FL, Lauderdale, FL</b>	City & State <b>FL, Lauderdale, FL</b>
Zip <b>33309</b>	Country <b>U.S.A.</b>

04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3821454</b> <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MALNIK, ALVIN I 6301 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 **Jordan Zimmerman MGRM** **4/10/2007**  
Signatures, 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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TONE, LLC 494 8TH AVE., SUITE 1005 NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POKE, LLC 494 8TH AVE., SUITE 1005 NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S.LLC 6221 ISLAND WALK D BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J.LLC 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGRM J.LLC 2200 W. Commercial Blvd, Suite 208B FL, Lauderdale, FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A.LLC 6301 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** **Jordan Zimmerman, MGRM** **4/10/2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #