2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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Feb 13, 2006 8:00 am **Secretary of State DOCUMENT #L05000113087** 1. Entity Name 02-13-2006 90188 007 ****50.00 KEN FELIX, LLC Principal Place of Business Mailing Address 7525 GARIBALDI COURT 7525 GARIBALDI COURT NAPLES, FL 34114 NAPLES, FL 34114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOVATT, JEFF M ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O CHEFFY, PASSIDOMO, ET AL 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102 Zip Code 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 2-20-2006 SIGNATURE (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 MGR TITLE Delete TITLE ☐ Addition Change FELIX, KENNETH NAME MALLE STREET ADDRESS 7525 GARIBALDI COURT STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P TITLE ☐ Defete TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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