2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# L06000001471

Entity Name: KIDD, AMMONS, LLC

Current Principal Place of Business:

2121 NORTH BAYSHORE DRIVE, SUITE 1105
MIAMI, FL 331375137

New Principal Place of Business:

1581 BRICKELL AVENUE
#204
MIAMI, FL 33129

Current Mailing Address:

2121 NORTH BAYSHORE DRIVE, SUITE 1105
MIAMI, FL 331375137

New Mailing Address:

1581 BRICKELL AVENUE
#204
MIAMI, FL 33129

FEI Number: 54-2191348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELEON, NEIL A ESQ
COURTHOUSE TOWER
44 WEST FLAGLER STREET, SUITE 325
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KIDD, GLADYS
Address: 2121 NORTH BAYSHORE DRIVE, SUITE 1105
City-St-Zip: MIAMI, FL 331375137

Title: MGR ( ) Delete
Name: AMMONS, HERBERT JR
Address: 2121 NORTH BAYSHORE DRIVE, SUITE 1105
City-St-Zip: MIAMI, FL 331375137

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KIDD, GLADYS
Address: 1581 BRICKELL AVENUE, #204
City-St-Zip: MIAMI, FL 33129

Title: MGR (X) Change ( ) Addition
Name: AMMONS, HERBERT JR
Address: 2121
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HERBERT AMMONS MGR 04/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date