2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1.

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-24-2007 90053 028 ****50.00

DOCUMENT # L06000014394

1. Entity Name
KMS SPRUCE PINE, LLC

Principal Place of Business	Mailing Address
2295 NW CORPORATE BLVD., SUITE 240 BOCA RATON, FL 33431	2295 NW CORPORATE BLVD., SUITE 240 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3837 NW Boca Raton Blvd.	3837 NW Boca Raton Blvd.
Suite, Apt. #, etc.: Ste 200	Suite, Apt. #, etc.: Ste 200
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4284994 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENT, RONALD S 2295 NW CORPORATE BLVD., SUITE 240 BOCA RATON, FL 33431	Name: Kent, Ronald S Street Address (P.O. Box Number is Not Acceptable): 3837 NW Boca Raton Blvd. Ste 200 City: Boca Rato FL Zip Code: 33431

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: _____ 1/11/07
Signature (typed or printed name of registered agent and title, if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE: MGR NAME: Ronald Kent STREET ADDRESS: 3837 NW Boca Raton Blvd., Ste 200 CITY-ST-ZIP: Boca Raton, FL 33431	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Kenmuller STREET ADDRESS: 3837 NW Boca Raton Blvd., Ste 200 CITY-ST-ZIP: Boca Raton, FL 33431	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Peter Spano STREET ADDRESS: 3837 NW Boca Raton Blvd., Ste 200 CITY-ST-ZIP: Boca Raton, FL 33431	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ 1/11/01 561-391-8244
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Ronald S. Kent, MGR