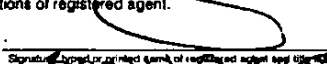
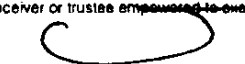


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 2295 NW CORPORATE BLVD., SUITE 240 BOCA RATON, FL 33431		Mailing Address 2295 NW CORPORATE BLVD., SUITE 240 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 3837 NW Boca Raton Blvd.		3. Mailing Address 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
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 KENT, RONALD S 2295 NW CORPORATE BLVD., SUITE 240 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Kent, Ronald S Street Address (P.O. Box Number is Not Acceptable) 3837 NW Boca Raton Blvd. Ste 200 City Boca Raton 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 		DATE 1/11/07	
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		MGR Ronald Kent 3837 NW Boca Raton Blvd., Ste 200 Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		MGR Ken Muller 3837 NW Boca Raton Blvd., Ste 200 Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		MGR Peter Spino 3837 NW Boca Raton Blvd., Ste 200 Boca Raton, FL 33431	
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: 		Date 1/11/07 Daytime Phone # 561-391-8244	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENTLY MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Ronald S. Kent, MGR			