2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

D NAME OF STURING MANAGING MEM

Secretary of State **DOCUMENT # L06000018696** 03-03-2008 90408 035 ***138.75 1. Entity Name KB CONNECT-FLA, LLC Principal Place of Business Mailing Address 12/11.S. DEÖERAL HWY., JUNI) B 2637 E. ATLANTIC BLVD., PMB 158 POMPANO, FL 33062 DEERFIELD BEACH EL 334 No Busineer, 01182008 No Chg-LLC CR2E083 (12/07) Applied For 4. FEI Number 20-3490323 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSS, MIKE DO NOT WRI 2637 E. ATLANTIC BLVD., PMB 158 POMPANO, FL 33062 IN THIS SPACE 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MOSS, MIKE NAME STREET ADDRESS 2637 E. ATLANTIC BLVD., PMB 158 POMPANO, FL 33062 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. 2/16/08 SIGNATURE:

OR AUTHORIZED REPRESENTATIVE

FILED Mar 03, 2008 8:00 am

Daytime Phone #