2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 21, 2007 8:00 am Secretary of State

4/,

| DOCUMENT # L06000028359 1. Ersity Name KROCHMAL VENTURES LLC | | | | | | 04-26-20 | 007 90044 (| 921 * | ***50.00 |
|---|---|---|-----------------------|--|---|-------------------------|-------------------------------|----------------------|------------------|
| Principal Place of Business CALLE AQUILINO DE LA GUARDIA, NO. 8 IGRA BLDG., 2ND FLOOR PANAMA, REPUBLIC OF PANAMA, Mailing Address 701 BRICKELL AVENU MIAMI, FL 33131 | | | | 3000 | | H ESHA ENK ASTA COM ALI | 11 Ferit (1811 (1818 A | El giiro us | IURI ALIPYA |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03132007 | Chg-LLC | CR2E083 (| 12/06) | |
| City & State | | City & State | | | 4. FEI Numb | · = | | | polied For |
| Zip | Country | Zip Country | | ntry | NONE REQUIRED Not Applicable 5. Certificate of Status Desired Fee Required | | | | |
| 6. Name and Address of Current | | egistered Agent | | Γ. | 7. Name and Address of New Registered Agent | | | | |
| | | Name | | | | | | | |
| | FATE REGISTERED AGENT C (ELL AVENUE, SUITE 3000 33131 | URPORATION | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 3 | | | | City | | | | lin Code | |
| : | | | | 1 | FL | | | • | - |
| 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 accent the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if spoilcable (NOTE: Registered Agent signature required when remistating) DATE Make check payable to | | | | | | | | | |
| Due by May 1, 2007 | | 200 | | | Florida Department of State | | | | |
| 9. ITILE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER MGR RUIZ, EZEQUIEL CALLE AQUILINO DE LA GUARD PANAMA, REPUBLIC OF PANAM | DIA, NO. 8 | 9 | l l | · . · · · · · · · · · · · · · · · · · · | ADDITIONS/ | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | - i | | | | Change | Addition |
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| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | į. | | | | Change | Addition |
| indicated | certify that the information supplied with on this report is true and accurate and to bility company or the receiver or trustee | that my signature shall have empowered to execute this | the same report as | e legal effect as if a required by Char | made under oat oter 608, Florida | n; that I am a manag | ing member or n | the intor nanager | mation of the |