

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038854

FILED
May 12, 2008
Secretary of State

Entity Name: KYLY 3300, LLC.

Current Principal Place of Business:

18305 BISCAYNE BLVD.
SUITE 216
AVENTURA, FL 33160

Current Mailing Address:

18305 BISCAYNE BLVD.
SUITE 216
AVENTURA, FL 33160

New Principal Place of Business:

16300 N.E. 19TH AVENUE
SUITE B
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

16300 N.E. 19TH AVENUE
SUITE B
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-4689921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARTHE & LEIGH LLP
2455 E. SUNRISE BLVD.
SUITE 602
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

FREDERIC BARTHE, P.A.
2455 E. SUNRISE BLVD.
SUITE 602
FORT LAUDERDALE, FL 33304 US

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: FREDERIC BARTHE

05/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NAMER, YAN
Address: 18305 BISCAYNE BLVD. SUITE 216
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NAMER, YAN
Address: 16300 N.E. 19TH AVENUE - SUITE B
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: YAN NAMER

MGR

05/12/2008

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