2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Jul 10, 2008 8:00 am Secretary of State **DOCUMENT # L06000079756** 07-10-2008 90054 026 ***138.75 1. Entity Name KGCH, L.L.C. Principal Place of Business Mailing Address **1630 SEAWAY DRIVE 1630 SEAWAY DRIVE UNIT 207 UNIT 207** FT PIERCE, FL 34949 FT PIERCE, FL 34949 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-8773179 Not Applicable \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LISA I GLASSMAN, P.A. **2627 NE 203RD STREET STE 100** Street Address (P.O. Box Number is Not Acceptable) AVENTURA, FL 33180 City Zip Code 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 NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Change Addition ☐ Delete TITLE HAYEK, CHARLES C NAME NAME 1701 GULFSTREAM AVE. #711 1630 SEAWAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 34949 CITY-ST-ZIP ΠΠF ☐ Defete TITLE Change Addition NAME GILMARTIN, KATHLEEN 1701 GULFSTREAM AVE # 7/1 STREET ADDRESS STREET ADDRESS 1630 SEAWAY DRIVE FT PIERCE, FL 34949 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 mystee empowered to execute this report as required by Chapter 608, Florida Statutes.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

ATTACHMENT SOOO 8 / 2 5 Charles C. Hayek Kathleen A. Gilmartin 1701 Gulfstream Ave. #711

Fort Dierce, FL 34949 772-461-1788

July 7, 2008

Division of Corporations P. O. Box 6478 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is our corporate return for L0600079756.

We also have the following LLC's:

L06000080423

L06000081219

L06000080433

L06000080435

L06000080429

L06000080446

L06000080438

L06000080440

According to our attorney and accountant, the returns do not have to be filed for these corporations as they all fall under the umbrella of the managing corporation on the enclosed form.

We assume this to be correct, but please advise if there are any errors.

Thank you for your help

Sincerely,

Charles C/ Hayek