

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091845

Entity Name: KENDALL WEST 204 LLC

FILED
Jul 23, 2007
Secretary of State

Current Principal Place of Business:

1400 NW 107 AVENUE
SUITE 200
DORAL, FL 33172 US

Current Mailing Address:

1400 NW 107 AVENUE
SUITE 200
DORAL, FL 33172 US

New Principal Place of Business:

8000 SW 117 AVENUE
SUITE 204
MIAMI, FL 33183 US

New Mailing Address:

8000 SW 117 AVENUE
SUITE 204
DORAL, FL 33183 US

FEI Number: 20-5581004 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:

FERDANDEZ, GUILLERMO
1400 NW 107 AVENUE
SUITE 200
DORAL, FL 33172 US

Name and Address of New Registered Agent:

FERDANDEZ, GUILLERMO
8000 SW 117 AVENUE
SUITE 204
MIAMI, FL 33183 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: GUILLERMO FERNANDEZ

07/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERDANDEZ, GUILLERMO
Address: 1400 NW 107 AVENUE, SUITE 200
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FERDANDEZ, GUILLERMO
Address: 8000 SW 117 AVENUE, SUITE 204
City-St-Zip: MIAMI, FL 33183 US

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: GUILLERMO FERNANDEZ

MGR.

07/23/2007

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