2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000102785

Entity Name: KENT TECHNOLOGIES, LLC

Current Principal Place of Business:

24017 PRODUCTION CIRCLE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

24017 PRODUCTION CIRCLE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-5846250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
800 LAUREL OAK DRIVE
#600 M&I BUILDING
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KENT, RICHARD
Address: 90 SPRING STREET
City-St-Zip: KENT CITY, MI 49330

Title: MGR ( ) Delete
Name: LIPPERT, LARRY D
Address: 2390 TAMIAMI TRAIL STE 108
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete
Name: MAMBUCA, FRANK
Address: 2051 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ESCH, THOMAS DR
Address: 140 HILO STREET
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FRANK MAMBUCA CEO 04/30/2008

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