FILED Mar 15, 2007 8:00 am Secretary of State

| 1. Entity Name IM KIPANY, LLC | | | | | | 02-20-200 | 7 90 3 67 0 | 004 *** | 150.00 |
|--|--|--|-------------------------------------|------------------------------------|----------------------|-----------------------|--------------------------------|---------------------------|------------|
| Principal Place of Business 2400 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301 | | Malling Address C/O IAME COLLIGAN 32 EAST 39TH STREET NEW YORK, NY 10016 | | 4 4 2 2 3 1 1 1 C 1 1 | Pana ann bam bem ban | li NGBs (1615 thum | DESE ANSI IS | NY SI CIR IY BR | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02162007 | Chg-LLC | CR2E083 | (12/08) | |
| City & State | | City & State | | | 4. FEI Numbe | 599852 | n | Applied For Not Applicabl | |
| Zip | Country | Zip Count | | у | · · | of Status Desired | \$5.00 Additional Fee Required | | ditional |
| | 6. Name and Address of Current Registered Ag | | | | 7. Name and | Address of New R | | | |
| HAFT, STUART J ESQ | | | - | Name - | | | | | |
| PALM BE | L POINCIANA WAY SUITE 32 CH, FL 33480 | Street Address (| | P.O. Box Number is Not Acceptable) | | | | | |
| | | City | | City | | | - | Zip Cod | |
| The above named entity submits this statement for the purpose of changing its registered office or | | | | | ed agent, or both | , in the State of Flo | FL rida. I am fan | • | |
| the obligations of registered agent. SIGNATURE | | | | | | | | | |
| Signature, hipsel or printed name of registered agent and site if applicable. (NOTE: Registered Agent agreets enoughed when remissuring) DATE | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | | check pay Departmen | | • |
| 9. TITLE | MANAGING MEMBE | | 10, | | | ADDITIONS/ | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | COLLIGAN, JAMES 2400 EAST LAS OLAS BLVD. STR | | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | | Ĺ |] Change | ☐ Addition |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | MGRM HENDRY, TIFFANY 2400 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301 | ☐ Delate | TITLE NAME STREET CITY - S | ADDRESS T-ZIP | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defete | TITLE NAME: STREET CITY-SI | ADDRESS T-7JP | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | ☐ Defisie | TITLE NAME STREET CITY-ST | ADDŘESS T-ZIP | | | |) Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delate | TITLE NAME STREET CITY-ST | ADDRESS 1-2P | | _ | <u> </u> |] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-25P | | □ Delete | TITLE NAME STREET CITY-SI | ADORESS 1 - 72P | | | C | Change | Addition |
| 11. I hereby certify that the information supplied with this filling 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 it made under ceth; that I am a managing member or manager of the limited liability company or the receiver or truying empowered to execute this report as required by Chapter 608, Florida Statutes. 840 - 94/- 9090 SIGNATURE: BIGNATURE: BIGNATURE AND TYPEL OR PRINTED NAME O SIGNING MANAGING MEMBER, MANAGIR, OR AUTHORIZED REPRESENTATIVE Date Description of the certify that the information information in chapter 119. Florida Statutes. I further certify that the information indicated in the indicated in the indicated indicated in the indicated indicated in the indicated indicated in the indicated indicated indicated indicated in the indicated indicate | | | | | | | | | |