2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 03, 2007 8:00 am Secretary of State **DOCUMENT # L06000122601** 04-17-2007 90252 045 ****50.00 FIVE KIDS MANAGER, LLC Principal Place of Business Mailing Address 30000 108 SE 8TH AVENUE, SUITE 116 108 SE 8TH AVENUE, SUITE 116 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-81 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ANDERSON, HUGH Street Address (P.O. Box Number is Not Acceptable) 108 SE 8TH AVENUE, SUITE 116 FORT LAUDERDALE, FL 33301 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 Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TILE nne Detete ☐ Change ☐ Addition ANDERSON, HUGH NAME NAME STREET ADDRESS 108 SE 8TH AVENUE, SUITE 116 STREET ADDRESS CITY-ST-209 FORT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE ☐ Delete NTLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TILE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Dalcte TITLE ☐ Chance ☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SER, MANAGER, OR AUTHORIZED REPRESENTATIVE HOEK Anderson

☐ Delete

NAME

ППF

NAME STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-7P

4.4.07

954-767-0079

☐ Change

■ Addition

Date

FILED