2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT #L07000049117** 04-21-2008 90318 017 ***138.75 1. Entity Name SR KENT, LLC Principal Place of Business Mailing Address 11 U U - - -367 EAST BAY CEDAR CIRCLE 367 EAST BAY CEDAR CIRCLE JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEADER, MICHAEL D 333 NORTH NEW RIVER DRIVE, EAST Street Address (P.O. Box Number is Not Acceptable) **SUITE 3100** 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 date it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KENT, STEVEN R NAME STREET ADDRESS 367 EAST BAY CEDAR CIRCLE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR EMNTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED