

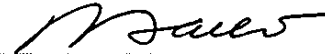


09-08-2008 90048 008 ***143.75

DOCUMENT # L07000113529				Secretary of State	
1. Entity Name KUW LLC				09-08-2008 90048 008 ***143.75	
Principal Place of Business 3140 S.W. 194TH TERRACE MIRAMAR, FL 33029		Mailing Address 3140 S.W. 194TH TERRACE MIRAMAR, FL 33029			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08132008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 22-3972332	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME ALLEN, MARK STREET ADDRESS 3140 S.W. 194TH TERRACE CITY-ST-ZIP MIRAMAR, FL 33029			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGR NAME HOLTER, WENDI STREET ADDRESS 3140 S.W. 194TH TERRACE CITY-ST-ZIP MIRAMAR, FL 33029			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S NAME ALLEN, MARK STREET ADDRESS 3140 S.W. 194TH TERRACE CITY-ST-ZIP MIRAMAR, FL 33029			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T NAME HOLTER, WENDI STREET ADDRESS 3140 S.W. 194TH TERRACE CITY-ST-ZIP MIRAMAR, FL 33029			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  5 Sept 08 305-397-4343					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					