2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Jul 14, 2008 8:00 am Secretary of State 07-14-2008 90097 029 ***138.75 DOCUMENT # L07000115147 K & POON CONSTRUCTION, LLC 60044722 Principal Place of Business Mailing Address **608 NORTH SUMMERLIN AVENUE 608 NORTH SUMMERLIN AVENUE** ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07102008 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State Not Applicable Zip \$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 Name PUN, KWAI KAM Street Address (P.O. Box Number is Not Acceptable) **608 NORTH SUMMERLIN AVENUE** ORLANDO, FL 32803 City 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. (NOTE: Registered Agent signature required when reinstating) 三公共所 FILE NOWID FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM JITLE ☐ Delete TITLE Change ■ Addition NAME : PUN, KWAI KAM NAME STREET ADDRESS 608 NORTH SUMMERLIN AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition 75 Co. 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 TITLE ☐ Detete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. limited liability company or

TITLE

STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

TITLE

NAME STREET ADDRESS

☐ Change

☐ Addition

FILED