2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED ON

Jul 14, 2008 8:00 am Secretary of State 07-14-2008 90099 024 ***138.75 DOCUMENT # L07000123036 1. Entity Name KIRKLAND YOUNG LLC Principal Place of Business Mailing Address 311 LINCOLN RD, STE 204 1691 MICHIGAN AVE, 440 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 **หกก44827** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11 Lincoln Suite, Apt. #, etc. Suite, Apt. #, etc. 07102008 Chg-LLC CR2E083 (12/06) Ste# City & State City & State 4. FEI Number Applied For 35-2318722 Not Applicable Country \$5.00 Additional 4. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOTTON, DAVID 400 SOUTH POINTE Street Address (P.O. Box Number is Not Acceptable) #1706 MAIMI BEACH, FL 33139 Zip Code 8. The above named entity submits th 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 registe Signature, typed or prin d agent and title if applicable (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE Delete ☐ Channe Addition NAME BOTTON, DAVID NAME 311 LINCOLN RD, STE 204 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED