

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027510

Entity Name: KO MELBOURNE LLC

FILED  
Jan 13, 2010  
Secretary of State

## Current Principal Place of Business:

4700 N HIATUS RD  
SUITE 153  
SUNRISE, FL 33351

## New Principal Place of Business:

4700 N HIATUS RD  
SUITE 153  
SUNRISE, FL 33351 US

## Current Mailing Address:

4700 N HIATUS RD STE 153  
C/O KORN CAPITAL FUNDING LLC  
SUNRISE, FL 33351

## New Mailing Address:

4700 N HIATUS RD STE 153  
C/O KORN CAPITAL FUNDING LLC  
SUNRISE, FL 33351 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KORN CAPITAL FUNDING LLC  
4700 N HIATUS RD, SUITE 153  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

KORN, STEPHEN M  
4700 N HIATUS RD, SUITE 153  
SUNRISE, FL 33351 US

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.

SIGNATURE: STEPHEN KORN

01/13/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: KORN, STEPHEN M  
Address: 21150 NE 22 COURT  
City-St-Zip: MIAMI, FL 33180 US

Title: MGR  
Name: GINTER, CARY K  
Address: 11550 ISLAND LAKES LANE  
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGR  
Name: MENDAL, CARLOS W  
Address: 1150 EAST HALLENDALE BEACH BLVD, STE C  
City-St-Zip: HALLENDALE, FL 33009 US

Title: MGR  
Name: BIENENFELD, HOWARD  
Address: 5921 SW 33RD LANE  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN KORN

MGRM

01/13/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date