2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 25, 2006 8:00 am Secretary of State **DOCUMENT # L99000000873** 04-25-2006 90018 017 ****50.00 KENDALL ISAN, L.L.C. だいいつよりてい Principal Place of Business Mailing Address 2420 N.E. 27TH STREET 1389 N.W 136TH AVE LIGHTHOUSE POINT, FL 33064 FORT LAUDERDALE, FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 65-0959275 Not Applicable Zip Country Country \$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 ISAN, JERAY Street Address (P.O. Box Number is Not Acceptable) 2420 N.E. 27TH STREET LIGHTHOUSE POINT, FL 33064 City Zip Code FL 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) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition ISAN, JERRY B NAME NAME STREET ADORESS 2420 N.E. 27TH STREET STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

FILED

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Levy Loan Jerry Isun	4-21-06	954-846.8400
SIGNATURE AND TYPEC OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #