2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

limited liability company or

SIGNATURE:

Jan 28, 2004 08:00 AM **DOCUMENT # L99000003818 Secretary of State** 1. Entity Name KYM-PENN, LC. Mailing Address Principal Place of Business 19301 WEST ST ANDREW DRIVE 19301 WEST ST ANDREW DRIVE HIALEAH FL 33015 HIALEAH FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #. etc. CR2E083 (11/03) Applied For City & State 4. FE! Number City & State 65-0706994 Not Applicable Zig Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CURRY, GARLAND Street Address (P.O. Box Number is Not Acceptable) 19301 WEST ST ANDREW DRIVE MIAMI FL 33015 City Zip Code 8. The above named entry 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 DATE Signature, typod or printed name of registered agent and title it applicable [NOTE Registered Agent signature required when reinstating] FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change Addition MGRM TITLE ☐ Defete BRE U00000015574 NAME CURRY, GARLAND NAME STREET ADDRESS 01/28/04-80021-006 55.00 STREET ADDRESS 19301 WEST ST ANDREW DRIVE CITY-ST-ZIP MIAMI FL C37Y-ST-Z3P Addition | MGRM ☐ Delete TITLE ☐ Change TITLE NAME CURRY, CYNTHIA W MAME STREET ADDRESS STREET ADDRESS 19301 WEST ST ANDREW DRIVE CITY-ST-ZIP MIAMI FL GITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 🔲 HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP ☐ Change Addition | ☐ Detete BILE BBF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-SY-ZIP ☐ Chance ☐ Addition 7133 F ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE HILE NAME 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 exemption stated in Section 119.07(3)(i), 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.

FILED