

AMENDED
2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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2004 APR 30 PM 3:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005826 1. Entity Name KINGS AMBASSADOR, L.L.C.		 2004 APR 30 PM 3:46 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA																																																	
Principal Place of Business 825 PARKWAY ST., SUITE 4 JUPITER, FL 33477		Mailing Address 825 PARKWAY ST., SUITE 4 JUPITER, FL 33477																																																	
2. Principal Place of Business 201 Alhambra Circle Suite, Apt. #, etc. Suite 601 City & State Coral Gables, FL Zip 33134 Country USA		3. Mailing Address 201 Alhambra Circle Suite, Apt. #, etc. Suite 601 City & State Coral Gables, FL Zip 33134 Country USA																																																	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 200 SOUTH BISCAYNE BLVD STE 2100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Ronald R. Fieldstone Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 601 City Coral Gables FL Zip Code 33134																																																	
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 Ronald R. Fieldstone Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) MANAGER DATE 4/07/04																																																			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">MGR</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LUBECK, JOSEPH G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 PARKWAY ST., SUITE 4</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33477</td> <td></td> </tr> </table>		TITLE	MGR	☐ Delete	NAME	LUBECK, JOSEPH G		STREET ADDRESS	825 PARKWAY ST., SUITE 4		CITY-ST-ZIP	JUPITER, FL 33477		10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">MGR</td> <td style="width: 20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>LUBECK, JOSEPH G.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 ALHAMBRA CIRCLE, SUITE 601</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;">Change ☐ Addition ☒</td> </tr> <tr> <td>NAME</td> <td>FIELDSTONE, RONALD R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 ALHAMBRA CIRCLE, SUITE 601</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;">Change ☐ Addition ☒</td> </tr> <tr> <td>NAME</td> <td>LUBECK, DANIEL E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 ALHAMBRA CIRCLE, SUITE 601</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>		TITLE	MGR	☒ Change ☐ Addition	NAME	LUBECK, JOSEPH G.		STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 601		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE	MGR	Change ☐ Addition ☒	NAME	FIELDSTONE, RONALD R.		STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 601		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE	MGR	Change ☐ Addition ☒	NAME	LUBECK, DANIEL E.		STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 601		CITY-ST-ZIP	CORAL GABLES, FL 33134	
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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. SIGNATURE: Ronald R. Fieldstone Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Authorized Representative DATE 4/07/04 DAYTIME PHONE # 305-857																																																			