2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # M03000001607 1. Entity Name 04-26-2004 90050 037 ****50.00 KITE CORAL SPRINGS, LLC Principal Place of Business Mailing Address 30 SOUTH METICIAN STIFEET, SUITE 1100 30 SOUTH METIDIAN STIFFET, SUITE 1100 INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 35-01754,70 Not Applicable Zip Country Zip 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change ■ Addition TITLE TITLE Delete KITE, ALVIN E NAME NAME STREET ADDRESS 30 SOUTH MERIDIAN STREET, SUITE 1100 STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS, IN 46204 CITY-ST-ZIP MGRM ☐ Change ■ Addition TITLE Delete TITLE NAME KITE, JOHN A NAME 30 SOUTH MERIDIAN STREET, SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE INDIANAPOLIS, IN 46204 MGRM ☐ Delete ☐ Change ☐ Addition TITLE KITE, PAUL W STREET ADDRESS 30 SOUTH MERIDIAN STREET, SUITE 1100 STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS, IN 46204 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME MCGOWAN, THOMAS K NAME STREET ADDRESS 30 SOUTH MERIDIAN STREET, SUITE 1100 STREET ADDRESS INDIANAPOLIS, IN 46204 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

John A. Kite Managing Member 04-13-04
DE SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED DEPRESENTATIVE
Date SIGNATURE!

NAME STREET ADDRESS

CITY-ST-ZIP

FILED