7/18/2006-90006-018-$50.00-$50.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 11:10

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004651

1. Entity Name
KIDS SUPERCENTER LLC

Principal Place of Business	Mailing Address
31 WEST 34TH STREET NEW YORK, NY 10001	31 WEST 34TH STREET NEW YORK, NY 10001

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 13-2708629 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VARGAS, SONIA 500 BELZ OUTLET BOULEVARD SUITE 25 ST. AUGUSTINE, FL 32084	Name: ESPOSITO MARY Street Address (P.O. Box Number is Not Acceptable): 500 BELZ OUTLET BLVD. SUITE 25 City: ST. AUGUSTINE FL Zip Code: 32084

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: Mary Esposito — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE: 08/01/2006

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: RABIN, ARTHUR STREET ADDRESS: 31 WEST 34TH STREET CITY-ST-ZIP: NEW YORK, NY 10001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGR NAME: RABIN, JASON STREET ADDRESS: 31 WEST 34TH STREET CITY-ST-ZIP: NEW YORK, NY 10001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Chiman Kakaiya — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date: 8-01-06 — Daytime Phone #: 212 842 6179

Chiman Kakaiya
Authorized Signer