LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					511.ED 98 MAR 11 AM 8:59									
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000739 KENDALL LAKE TOWERS, LLC 1935 CAMINO VIDA ROBLE CARLSBAD CA 92008-6599					SECHLIARY (A. STALLAMASSEE, FLURIDA 1a. Principal Place of Business Address 1935 CAMINO VIDA ROBLE CARLSBAD CA 92008									
								2. Princip	pal Place of Business	2a. Maili	ng Address	3. Date Organized	or Qualified	3a. State of Formation
								Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.		11/10/19 4. FEI Number	97
City & State		City & Sta	City & State] 33-07278	65	Not Applicable							
Žip	Country	Zip	Cour	itry	5. Date of Last Re		6. Certificate of Status Desired 88 75 Additional Lee Required							
	7. Name and Address of Curr	ent Registered	Agent	8.	Name and Address	of New Regis								
1201 HAYS STREET TALLAHASSEE FL 32301 9. Pursuant to the provisions of Sections 608.416 and 608.508, fits registered office or registered agent, or both, in the State of Florid as registered agent, and accept the obligations.			Suite, Apt. #, etc. City Fiorida Statutes, the above-named limited liability da. Such change was authorized by affirmative vote		l liability company sub	FL omits this state of the member	Zip Code ment for the purpose of changing s. I hereby accept the appointment							
SIGNATU		ling Appropriate (A	OTE. Registered Agent signati	re required when rejectation		ATE								
10. Title	Managing Members/Mana	Business Street Address			City, State and Zip Code									
	REAL PROPERTY SERVIC, 1935 CAMINO ASB KENDALL SERVICES CORP. 1935 CAMINO						72000							
MGRM					900	0002 -03/16	4585490							

ALLAN S. BIRD, PRESIDENT,
ASB KENDALL SERVICES CORP. 3-5-98 760-431-9100

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Dayline Prone #