


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90017 028 \*\*\*138.75

**DOCUMENT # L03000003850**

1. Entity Name  
 KC PROPERTY, L.L.C.



Principal Place of Business      Mailing Address  
 PO BOX 546912      PO BOX 546912  
 SURFSIDE, FL 33154 US      SURFSIDE, FL 33154 US

00004041



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01082008    Chg-LLC      CR2E083 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 05-052418      Not Applicable

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

**6. Name and Address of Current Registered Agent**

SKLAR, NEAL  
 C/O ONE S.E. THIRD AVENUE  
 SUITE 3050  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SKLAR, OSCAR	PO BOX 546912	SURFSIDE, FL 33154	<input type="checkbox"/>
MGRM	LUSKY, NAOM <i>NAUM</i>	8877 COLLINS AVENUE UNIT 810	SURFSIDE, FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	LUSKY, NAUM <i>NAUM</i>	8877 COLLINS AVE #810	SURFSIDE, FL 33154	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *[Signature]*      1-15-08      786344-8124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #