


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-07-2005 90023 029 ****50.00

DOCUMENT # L03000006487

1. Entity Name
FOUR KICKS L.L.C.



Principal Place of Business Mailing Address
3215 NORTH WEST 63RD STREET **3215 NORTH WEST 63RD STREET**
BOCA RATON, FL 33496 **BOCA RATON, FL 33496**

30000149



2. Principal Place of Business 3. Mailing Address

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

01032005 Chg-LLC CR2E083 (10/03)

City & State City & State

4. FEI Number
APPLIED FOR 56-2323309 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

FEIT, STEVEN
3215 NORTH WEST 63RD STREET
BOCA RATON, FL 33496

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 renewing)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMINO REAL INV. FAM. LTD PARTNERSHIP 3215 NW 63RD STREET BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven Feit Date: 1/31/05 Daytime Phone #: 561-358-0335

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT 30000149

#L03000006487

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly

1 Legal name of entity (or individual) for whom the EIN is being requested FOUR KICKS LLC		
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 3215 NORTH WEST 63rd. STREET	5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state, and ZIP code BOCA RATON, FL 33496	5b City, state, and ZIP code	
6 County and state where principal business is located PALM BEACH COUNTY - FLORIDA		
7a Name of principal officer, general partner, grantor, owner, or trustor CAMINO REAL INVESTMENTS FAMILY LP	7b SSN, ITIN, or EIN 91-2117859	

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> State/local government
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Farmers' cooperative
<input checked="" type="checkbox"/> Other (specify) ▶ DISREGARDED ENTITY - SINGLE MBR LLC	<input type="checkbox"/> REMIC
	<input type="checkbox"/> Indian tribal governments/enterprises
	Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
FEBRUARY 21, 2003

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-"

▶	Agricultural 0	Household 0	Other 0
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14 Check one box that best describes the principal activity of your business

<input type="checkbox"/> Construction	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & foodservice	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Real estate	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Retail
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) INVESTMENT MANAGEMENT

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
N/A

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶	Trade name ▶
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ STEVEN FEIT- GENERAL PARTNER	Applicant's telephone number (include area code)
Signature ▶ <i>Steven Feit</i>	(561) 995-1952
Date ▶ 3/1/03	Applicant's fax number (include area code)
	(561) 995-2243

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0022

DATE OF THIS NOTICE: 03-13-2003
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 56-2323309
FORM: SS-4 NOBOD
0134655977 0

ATTACHMENT

30000 149

L03000006487

FOUR KICKS LLC
% CAMINO REAL INVESTMENTS FAM LP
3215 NW 63RD ST
BOCA RATON FL 33496

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 56-2323309. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.