


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90018 012 \*\*\*\*50.00

**DOCUMENT # L04000070314**

1. Entity Name  
**CONTINENTAL V&K LLC**



**20034089**

Principal Place of Business  
**100 NE 39TH STREET  
 MIAMI, FL 33138 US**

Mailing Address  
**100 NE 39TH STREET  
 MIAMI, FL 33138 US**



2. Principal Place of Business  
**5600 NW 32 Ave**

3. Mailing Address  
**5600 NW 32 Ave**

Suite, Apt. #, etc.

03132006 Chg-LLC CR2E083 (11/05)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33142**

Country

4. FEI Number  
**20-1697989**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KAHN, DONALD J  
 317 71ST STREET  
 MIAMI BEACH, FL 33141**

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.

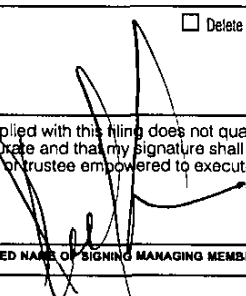
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAMS, STEVEN <input type="checkbox"/> Delete 100 NE 39TH STREET MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600 NW 32 Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VACA, OSVALDO <input type="checkbox"/> Delete 100 NE 39TH STREET MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600 NW 32 Ave. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: x**  **Steven Krams x** Date **4/19/2006** (305) 573-7339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #