FILED M

Due By May 1, 2006			Feb 03, 2006 08:00 A	
DOCH	MENT # A02000001324		Secret	ary of State
1. Entity Nam				
4441 COLLII	re of Business Mailing Address NS AVENUE, SUITE 754 4441 COLLINS AV H, FL 33140 MIAMI BEACH, FL	ENUE, SUITE 754 33740	Parametri Peri Baris ilevi delli Still Baris Espa	
		Company of the Compan		
DO NOT WRITE IN THIS SPACE			01252006 No Chg-LP CR2E003 (11/05)	
L	O NOI WRITE IN INIS	SPACE 4	FEI Number 54-2079826	Applied For Not Applicable
	The state of the s	5.		\$8.75 Additional
	6. Name and Address of Current Registered Agent	,, , , , , , , , , , , , , , , , , , ,		(68 1/6001100
FRANTZMAN, JEFF 4441 COLLINS AVENUE, SUITE 754 MIAMI BEACH, FL 33140		a and discounting time	DO NOT WR	
				3
	e named entity submits this statement for the purpose of changi tions of registered agent.	ng its registered office or registered a	gent, or both, in the State of Florida	. I am tamiliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable			DATE
	File NOWII FEE IS \$500. After May 1, 2006, Fee will be			
	A GENERAL PARTNER THAT IS A BUSINES NOTE: General Partners MAY NOT be changed	S ENTITY MUST BE REGISTER	ED AND ACTIVE WITH THIS	OFFICE.
12.	GENERAL PARTNER INFORMATION	on the form, an amendment in	rat no men to cusual a Bene	iai paraion
DOCUMENT #	P02000106895		_	
name Street address	KDM II CORPORATION 4441 COLLINS AVENUE, SUITE 754		U0000041	8087
CITY-ST-ZIP	MIAMI BEACH, FL 33140		02/13/06-80	080-023 500.00
OCCUMENT & NAME STREET ADDRESS CITY-ST-ZIP			general to the contract of th	-
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRI	
DOCUMENT / NAME STREET ADDRESS			IN THÍS SPAC	CE
OCCUMENT I NAME STREET ADDRESS				
CITY-ST-ZIP DOCUMENT #		19.7		·-
NAME			• •	· -

14. I hereby certify that the information supplied with this filling does not quality 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 General Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS C)17-S1-27P

Г

E ANTTYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/27/06