2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# L00000010665

Entity Name: K & L VALUATION SERVICES, L.C.

Current Principal Place of Business:

1101 BRICKELL AVENUE
SUITE M-101
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1101 BRICKELL AVENUE
SUITE M-101
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1037052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUMPKIN, THOMAS D II
2655 LE JEUNE ROAD, FIFTH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LUMPKIN, THOMAS D II
3121 COMMODORE PLAZA
3RD FLOOR
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: 02/22/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEVIE, GEORGE R
Address: 8211 W. BROWARD BLVD., SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: MGRM ( ) Delete
Name: KANE & COMPANY, P.A.,
Address: 1101 BRICKELL AVENUE, SUITE M-101
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEVIE, GEORGE R
Address: 1101 BRICKELL AVENUE, SUITE M-101
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MONTE KANE MGRM 02/22/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date