
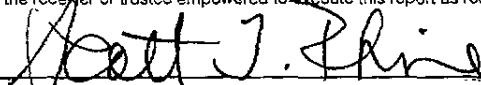


**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000014231</b>		<b>Secretary of State</b>	
1. Entity Name K & K DEVELOPMENT, LLC			
Principal Place of Business C/O SCOTT T. RHINE 399 NW BOCA RATON BLVD BOCA RATON, FL 33432		Mailing Address C/O SCOTT T. RHINE 399 NW BOCA RATON BLVD BOCA RATON, FL 33432	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01042005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 32-0004842	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  RHINE, SCOTT T 399 NW BOCA RATON BLVD BOCA RATON, FL 33432		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHINE, SCOTT T 399 NW BOCA RATON BLVD BOCA RATON, FL 33432	<b>DO NOT WRITE IN THIS SPACE</b>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1/26/05 561-392-7929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	