

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018685

Entity Name: KEN-MART REALTY, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

16725 N.W. 20TH AVE.
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

16725 N.W. 20TH AVE.
MIAMI, FL 33056 US

New Mailing Address:

FEI Number: 01-0575581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONALD M. GACHE, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDMAN, MARTIN
Address: 16725 N.W. 20TH AVE.
City-St-Zip: MIAMI, FL 33056 US

Title: MGRM () Delete
Name: HABER, KENNETH
Address: 16725 N.W. 20TH AVE.
City-St-Zip: MIAMI, FL 33056 US

Title: MGRM () Delete
Name: SIRIDT, GASTON
Address: 16725 N.W. 20TH AVE.
City-St-Zip: MIAMI, FL 33056 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: SIROIT, GASTON
Address: 16725 N.W. 20TH AVE.
City-St-Zip: MIAMI, FL 33056 US

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: KENNETH HABER

MGRM

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date