## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L02000024088

1. Entity Name

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FORT LAUDERDALE KGN, LLC



Principal Place of Business

ONE S.E. THIRD AVE., STE. 3050 MIAMI, FL 33131

Mailing Address

ONE S.E. THIRD AVE., STE. 3050 MIAMI, FL 33131

# FILED Feb 05, 2004 8:00 am Secretary of State

02-05-2004 90077 014 \*\*\*\*55.00

**64000000** 



01052004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number		Applied For
	37-1442694	_	Not Applicable
5.	Certificate of Status Desired	\$5.0	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROSENBERG, DONALD S ONE S.E. THIRD AVE., STE. 3050 MIAMI, FL 33131

# DO NOT WRITE IN THIS SPACE

		IN IH	IS SPACE		
	e named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or both, in the	ne State of Florida. I am familiar v	with, and accept	
SIGNATURE.		407			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
F D	iling Fee is \$50.00 lue by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR	** *	-0.		
NAME	NEIMARK, STANLEY				
STREET ADDRESS	225 N MICHIGAN AVE., 11TH FLOOR		**		
CITY-ST-ZIP	CHICAGO, IL 606017683			a pitagan,	
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP					
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NAME		IN IT	IS SPACE		
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CITY-ST-ZIP					
TITLE			The state of the s		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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SIGNAT	URE:	111	MUL	1	16	m	100	
	SIGNATUSE	AND TYPED O	R PRINTED N	AME OF SIGN	ING MANAGING	MEMBER, OR	AUTHORIZED F	REPRESENTATIVE

8-3-04

Daytime Phone #