

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000024925

Entity Name: KP REAL ESTATE LLC

**FILED**  
**Nov 05, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

129 ISLAND COVE WAY  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

129 ISLAND COVE WAY  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 22-3872695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

BLACK, PHILIP  
129 ISLAND COVE WAY  
PALM BEACH GARDENS, FL 33418 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: PHILIP BLACK

11/05/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SCHNEIDERMAN, KENNETH  
Address: 129 ISLAND COVE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR ( ) Delete  
Name: BLACK, PHILIP  
Address: 129 ISLAND COVE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: PHILIP BLACK

MGR

11/05/2004

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