


APR.12.2005 11:27AM RICHARDS WITT CHARLES

NO.136 P.3/3

FILED

Apr 22, 2005 08:00 AM Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024926	
1. Entity Name KP REAL ESTATE LLC	

Principal Place of Business 129 ISLAND COVE WAY PALM BEACH GARDENS, FL 33418	Mailing Address 129 ISLAND COVE WAY PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-LLC CR25083 (10/03)

4. FEI Number 22-3572695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BLACK PHILIP 129 ISLAND COVE WAY PALM BEACH GARDENS, FL 33418	
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$50.00 due by May 1, 2005
U00000322563
04/22/05-80015-017 50.00

9. MANAGING MEMBER/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SCHWEIDERMAN, KENNETH 129 ISLAND COVE WAY PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BLACK, PHILIP 129 ISLAND COVE WAY PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(G), Florida Statutes. I further certify that the information included 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 605, Florida Statutes.

SIGNATURE:  4/12/05 5614520335
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, OR AUTHORIZED REPRESENTATIVE DATE (Type in Plain)