


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000000663**  
 1. Entity Name  
 KK PARTNERS, LLC



Principal Place of Business 3700 S. OCEAN BLVD. APT. 210 B HIGHLAND BEACH, FL 33487	Mailing Address 3700 S. OCEAN BLVD. APT. 210 B HIGHLAND BEACH, FL 33487
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08122005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 32-0058377	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KRONICK, GENE  
 3700 S. OCEAN BLVD  
 APT 210 B  
 HIGHLAND BEACH, FL 33487

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRONICK, GENE 3700 S. OCEAN BLVD 210 B HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY SUITE #1515 NEW YORK, NY 10006
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**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)(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:** *Gene Kronick* **3/15/2005** **(561) 374-4485**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Gene Kronick*