

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000004694
1. Entity Name
LK CONDO, LLC



Principal Place of Business
111-8TH AVENUE
SUITE 1500
NEW YORK, NY 10011

Mailing Address
111-8TH AVENUE
SUITE 1500 (M.RABINOWITZ)
NEW YORK, NY 10011

DO NOT WRITE IN THIS SPACE



02022006No Chg-LLC CR2E083 (11/05)

4. FEI Number
14-1879720 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE.
SUITE 1000 (JGW)
ORLANDO, FL 32801

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RABINOWITZ, MARTIN J 111 - 8TH AVENUE, SUITE 1500 NEW YORK, NY 10011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELANEY, TOM 111 - 8TH AVENUE, SUITE 1500 NEW YORK, NY 10011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000551020
05/13/06-80083-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Martin J Rabinowitz* 4/25/06 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #