

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004694

FILED  
Jul 03, 2009  
Secretary of State

Entity Name: LK CONDO, LLC

**Current Principal Place of Business:**

111-8TH AVENUE  
SUITE 1500  
NEW YORK, NY 10011

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 14-1879720      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RABINOWITZ, MARTIN J  
Address: 111 - 8TH AVENUE, SUITE 1500  
City-St-Zip: NEW YORK, NY 10011

Title: MGR ( ) Delete  
Name: DELANEY, TOM  
Address: 111 - 8TH AVENUE, SUITE 1500  
City-St-Zip: NEW YORK, NY 10011

**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 exemption stated in Chapter 119, 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: MARTIN J. RABINOWITZ

MGR

07/03/2009

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