## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011690

Entity Name: K & A MANAGEMENT, LLC

410 E. LAS OLAS BLVD, # 130 474

City-St-Zip: FORT LAUDERDALE, FL 33301

Address:

FILED May 01, 2009 Secretary of State

| Current P                                   | Principal Place of Business:  | New Principal P                             | New Principal Place of Business:           |  |
|---|---|---|--|--|
|   | ATLANTIC AVENUE   |   |  |  |
| C2-382<br>Delray e                          | BEACH, FL 33483   |   |  |  |
| Current N                                   | ailing Address:   | New Mailing Ad                              | New Mailing Address:                       |  |
| C2-382                                      | ATLANTIC AVENUE<br>BEACH, FL 33483  |   |  |  |
|   | : 41-2092885 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the limited liability c  | FEI Number Not Applicable (                 |  |  |
| Name and                                    | d Address of Current Registered Agent:  | Name and Addr                               | ess of New Registered Agent:               |  |
| DAVID M.<br>7000 WES                        | MAN, DAVID M ESQ<br>BECKERMAN, P.A.<br>ST PALMETTO PARK ROAD, SUITE 500<br>TON, FL 33433 US       |   |  |  |
|   | e named entity submits this statement for the<br>e of Florida.                                    | e purpose of changing its regi              | stered office or registered agent, or both |  |
| SIGNATU                                     | RE:   |   |  |  |
|   | Electronic Signature of Registered A  | gent  | Date                                       |  |
| MANAGING MEMBERS/MANAGERS:                  |   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES:                         |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGR ( ) Delete<br>MILLER, KHRYSZTIAN<br>777 EAST ATLANTIC AVENUE C2-382<br>DELRAY BEACH, FL 33483 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                    |  |
| Title:<br>Name <sup>:</sup>                 | MGR () Delete   | Title:<br>Name:                             | () Change () Addition                      |  |

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: ALI LARI LAVASSANI MGR 05/01/2009