2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 21, 2005 08:00 AM **Secretary of State DOCUMENT # L03000037253** 1. Entity Name KHUN PUT LLC Principal Place of Business_ Mailing Address 1683 FORUM PLACE 1683 FORUM PLACE WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 02052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0208130 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BANKUNARAK, CHAMNIAN DO NOT WRITE 635 PALMETTO STREET WEST PALM BEACH, FL 33405 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, 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 May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BANKUNARAK, CHAMNIAN NAME STREET ADDRESS 635 PALMETTO STREET CITY-ST-ZIP WEST PALM BEACH, FL 33405 U00000237747 TITLE 02/21/05-80070-011 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED