2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2007 8:00 am Secretary of State

DOCUMENT # L03000037253 1. Entity Name KHUN PUT LLC								01-12-2007 9	90031 007 *	***50	.00	
Principal Place 1683 FORUM WEST PALM	M PLACE		Mailing Address 1683 FORUM PLACE WEST PALM BEACH, F	L 3340	1 US	ï	(23:25	i Bütüğ billi innen kini			
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address			_						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01042007	Chg-LLC	CR2E083 (12/06)		
City & State			City & State				4. FEI Numbe 30-020		·	1	plied For t Applicable	
Zip 	<u> </u>		Zip	itry	5. Certificate of Status Desired Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
BANKUNARAK, CHAMNIAN 6 35 PALMETTO STREE T						Street Address (P.O Box Number is Not Acceptable)						
WEST PA	LM BEACI	H, FL 33405.	18-10			211 V	201 100	DOM	we.		_	
·	1		City				· · · · · · · · · · · · · · · · · · ·	FL 2		401		
8. The above named shifty submits this statement of 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required with									/-8-	<u>~o`</u>		
Filing Fee is \$50.00 Due by May 1, 2007									e check payab Department o		,	
9.	140014	MANAGING MEMBE		10.				ADDITIONS/	CHANGES			
TITLE NAME	MGRM BANKUNA	ARAK, CHAMNIAN	☐ Delete	E E					☐ Addition			
STREET ADDRESS CITY-ST-ZIP	636 PALM	IETTO STREET LM BEACH, FL 33405		ET ADDRESS -ST-ZIP	1879 N CONGRUESS AVENUE WEST PAUM BEACH SC 33401							
TITLE			Detete	TITL	 E	Ne	71 	W WAXE	,	Change	☐ Addition	
NAME				NAM						2.113.190		
CITY-ST-ZIP					EF ADDRESS -ST-ZIP							
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CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ De lete	TITLE						Change	Addition	
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CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE		.	□ Delete	TITLE						25		
NAME			□ Delete	NAM					<u>.</u>	Change	☐ Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
11. I hereby of indicated limited liai	ertity that the on this repor bility compan	e information supplied with it is true and accurate and ny or the exerciver or trusted	this filing does not qualify for that my signature shall have e employed to execute this	or the exer the same report as	mptions co e legal effe required l	intained in ct as if mi by Chapte	n Chapter 119, ade under oath er 608, Florida S	Florida Statuteş. I fu ; that I am a manag Statutes.	rther certify that ing member or r	the infor nanager	mation of the	