

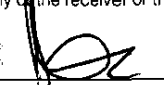


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90115 010 ****50.00

DOCUMENT # L03000051676					
1. Entity Name K & D GULF PROPERTIES, LLC					
Principal Place of Business C/O DUNN, 133 PEMBROOK DRIVE PALM BEACH GARDENS, FL 33418 US			Mailing Address C/O DUNN, 133 PEMBROOK DRIVE PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business 133 PEMBROKE DRIVE Suite, Apt. #, etc.		3. Mailing Address 133 PEMBROKE DRIVE Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL		4. FEI Number 55-0854851	
Zip 33418		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, CLAIRE 133 PEMBROOK DRIVE PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 133 PEMBROKE DRIVE City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, ANDREW 4 VAIL LANE FLEMINGTON, NJ 08822	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, MICHAEL R 55 NORTH MOUNTAIN AVENUE, APT. B1 MONTCLAIR, NJ 07042	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLUS, LEILA R 8 THISTLE LANE WARREN, NJ 07059	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLUS, JARETT R 8 THISTLE LANE WARREN, NJ 07059	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
SIGNATURE:  JARETT KAPLUS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 7/25/04 Daytime Phone #: 201.315.7883					