2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2006 08:00 AM Secretary of State

	ANNOAL ALFORI		Secretary of State
DOCU	IMENT # L03000054910		Secretary of State
KESY H	OLDINGS LLC		
Principal Pla	ce of Business Mailing Address		1
	KLAND PARK BLVD, STE 112 8360 W OAKLAND PARK BLV	VD, STE 112	
		· 	
DO NOT WRITE IN THIS SPACE			01062006 No Chg-LLC
			4. FEI Number Applied For 20-0512428 Not Applicable
}			\$5.00
			5. Certificate of Status Desired Fee Required
 	Name and Address of Current Registered Agent	_	
KLISTON, TODD W 8211 W BROWARD BLVD, STE 375			DO NOT WRITE
	ION, FL 33324	}	IN THIS SPACE
			IN THIS SPACE
	e named entity submits this statement for the purpose of changing its regist	 ered office ar register	ed agent, or both, in the State of Florida I am familiar with, and accept
the obliga	tions of registered agent.		
SIGNATURE.			· · · · · · · · · · · · · · · · · · ·
<u></u>	Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered)	ered Agent signature required	when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006			######################################
g.	MANAGING MEMBERS/MANAGERS		
TTTLE NAME	MGR KADOCH, DAVID	Í	
STREET ADDRESS	8350 W. OAKLAND BLVD	ļ	
CHY-ST-IN	SUNRISE, FL 33351	}	
TITLE		- [
name Street address		ļ	
CITY-ST-ZIP		1	
DILE		-1	
NAME		1	
STREET ADDRESS CITY-ST-ZIP		1	DO NOT WRITE
SHE		-1	
NAME		I	IN THIS SPACE
STREET ADDRESS		ł	
City-SI-ZIP		-{	
NAME		1	
STREET ADDRESS		1	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	2	Kadel	
SIGNATURE AND	TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER,	OR AUTHORIZED REPRESENTATIVE

CTTY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CTTY-ST-ZIP

3/20/06

ATIVE

Daytime Phone #