
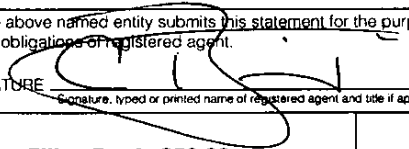
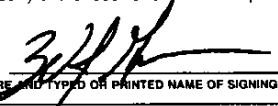


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90376 050 \*\*\*\*50.00

<b>DOCUMENT # L04000023792</b> 1. Entity Name <b>K.MACK, LLC</b>					
Principal Place of Business <b>2378 SW 177TH AVENUE MIRAMAR, FL 33029</b>			Mailing Address <b>2378 SW 177TH AVENUE MIRAMAR, FL 33029</b>		
2. Principal Place of Business <b>610 NW 183 ST</b>		3. Mailing Address Suite, Apt. #, etc. <b>202A, SUITE</b>			
City & State <b>MIAMI GARDENS, FL</b>		City & State <b>MIAMI GARDENS, FL</b>		4. FEI Number <b>22-3903479</b>	
Zip <b>33169</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GREEN, WILLIAM 2378 SW 177TH AVENUE MIRAMAR, FL 33029</b>			7. Name and Address of New Registered Agent Name <b>CHRISTOPHER E. BENJAMIN, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>610 NW 183 STREET</b> <b>SUITE 201</b> <b>MIAMI GARDENS FL 33169</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>5/17/05</b>	
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GREEN, WILLIAM 2378 SW 177TH AVENUE MIRAMAR, FL 33029</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CHRISTOPHER BENJAMIN 610 NW 183 ST, STE. 201 MIAMI GARDENS, FL 33169</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: </b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<b>5/12/05 305-249-4130</b>					
<small>Daytime Phone #</small>					