

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90008 007 ****50.00

DOCUMENT # L04000023792 1. Entity Name K.MACK, LLC					
Principal Place of Business 610 NW 183 ST STE 202A MIAMI, FL 33169			Mailing Address 2378 SW 177TH AVENUE MIRAMAR, FL 33029		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
05032006 Chg-LLC CR2E083 (11/05)					
4. FEI Number 22-3903479				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BENJAMIN, ESQ, CHRISTOPHER E 610 NE 183 ST, STE 201 MIAMI, FL 33169			7. Name and Address of New Registered Agent Name BARRISTER LAW OFFICES, P.A. Street Address (P.O. Box Number is Not Acceptable) 610 NW 183 STREET SUITE 202 City MIAMI GARDENS FL Zip Code 33169		
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  DATE 5/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, WILLIAM 2378 SW 177TH AVENUE MIRAMAR, FL 33029	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENJAMIN, CHRISTOPHER 610 NW 183 ST, STE 201 MIAMI, FL 33169	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE  DATE 5/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					