

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029869

Entity Name: K REAL ESTATE GROUP, LLC

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

1531 CONSOLATA AVENUE
CORAL GABLES, FL 33146 US

New Principal Place of Business:

605 LINCOLN ROAD
SUITE 300
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1531 CONSOLATA AVENUE
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPINS, KATRINA S
1531 CONSOLATA AVENUE
CORAL GABLES, FL FL US

Name and Address of New Registered Agent:

MOSS, BENJAMIN S
1531 CONSOLATA AVENUE
CORAL GABLES, FL FL US

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.

SIGNATURE: BENJAMIN S MOSS

01/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAMPINS, KATRINA S
Address: 1531 CONSOLATA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR (X) Delete
Name: MOSS, BENJAMIN S
Address: 1531 CONSOLATA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOSS, BENJAMIN S
Address: 1531 CONSOLATA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN S MOSS

MAN

01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date