2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L04000060632

FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90217 010 ****50.00

Principal Piece of Business 402-MP-CHI NAC- 40	1. Entity Nam K & B LL(
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Next PAIM Beach FL State PAIM Beach FL 20-151734 State Non Applicable 33.44 State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182006 Chg-LLC CR2E083 (11/05)					
6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Toh Chen	City & State	st palm Beach, FL		each ;	FL					
Name John Chen Street Address (P.O. Dox Number is Not Acceptable) The above named entity submits hay statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I smr familiar wills, and accept the obligations of registered agent, or both, in the State of Florida. I smr familiar wills, and accept the obligations of registered agent and all apolatate. SIGNATURE TILE MARK CHEN, JOHN MR STEET ADDRESS OTY-S1-2P TILE MAGRM CHEN, JOHN MR	3340	U.S.A	17/142		A	5. Certificate	e of Status Desired			
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8. The above named entity submits they statement for the purpose of changing its registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, is the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida agent ag			Street Address			(P.O. Box Number is Not Acceptable),				
B. The above named entity submits his 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 produptive rare of registered agent and in applicable. (NOTE Registered Agent sandard required when rendating) DATE Printing Fee is \$50.00 Due by May 1, 2006 Due by Ma		+	53			3 dem	alis stre	et #2C		
8. The above named entity submits has 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 pagent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent agent agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent agent. Or both, in the State of Florida Department of State Filling Fee is \$50.00				City	West	oaln	Beuch	FL Zip (20de 40	
SIGNATURE	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									
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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 path; that I am a managing member or measure of the					9					
	11. I hereby of	certify that the information supplied with ton this report is true and accurate and	this filing does not qualify for the	ne exemptions	contained	in Chapter 119), Florida Statutes.	I further certify that the	information	