
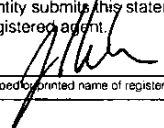
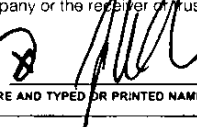


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90217 010 \*\*\*\*50.00

<b>DOCUMENT # L04000060632</b> 1. Entity Name <b>K &amp; B LLC</b>					
Principal Place of Business <b>402 NW 24TH AVE.</b> <b>BOYNTON BEACH, FL 33426</b>			Mailing Address <b>402 NW 24TH AVE.</b> <b>BOYNTON BEACH, FL 33426</b>		
2. Principal Place of Business <b>533 Clematis street</b> Suite, Apt. #, etc. <b>2C</b>		3. Mailing Address <b>P.O. Box 6044</b> Suite, Apt. #, etc.			
City & State <b>West palm Beach, FL</b>		City & State <b>West palm Beach, FL</b>		4. FEI Number <b>20-1517344</b>	
Zip <b>33401</b>		Country <b>U.S.A</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>CHEN, JOHN MR</b> <b>43 SW 14 STREET</b> <b>DANIA, FL 33004</b>			7. Name and Address of New Registered Agent Name <b>John chen</b> Street Address (P.O. Box Number is Not Acceptable) <b>533 Clematis street #2C</b> City <b>West palm Beach</b> <b>FL</b> Zip Code <b>33401</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  <b>K&amp;B LLC</b> DATE <b>4-3-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEN, JOHN MR 43 SW 14 STREET DANIA, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR chen John 533 Clematis street #2C W.p.B. FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHEN, QUN S 75 PIKE STREET #13F NEW YORK, NY 10002	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  <b>MGR, K&amp;B LLC</b>			Date <b>4-3-06</b> Daytime Phone # <b>(954) 205-2789</b>		