

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90018 012 ****50.00

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03132006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000070314 1. Entity Name CONTINENTAL V&K LLC			
Principal Place of Business 100 NE 39TH STREET MIAMI, FL 33138 US		Mailing Address 100 NE 39TH STREET MIAMI, FL 33138 US	
2. Principal Place of Business 5600 NW 32 Ave Suite, Apt. #, etc.		3. Mailing Address 5600 NW 32 Ave Suite, Apt. #, etc.	
City & State Miami, FL Zip 33142 Country		City & State Miami, FL Zip 33142 Country	
4. FEI Number 20-1697989		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 KAHN, DONALD J 317 71ST STREET MIAMI BEACH, FL 33141	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAMS, STEVEN 100 NE 39TH STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600 NW 32 Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VACA, OSVALDO 100 NE 39TH STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600 NW 32 Ave. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL 33142
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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: x SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Steven Krams x Date 4/19/2006 (305) 573-7339	