


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000074478</b>		
1. Entity Name K-SQUARED PARTNERS, LLC		
Principal Place of Business 155 S. MIAMI AVENUE, PH 2-A MIAMI, FL 33130		Mailing Address 155 S. MIAMI AVENUE, PH 2-A MIAMI, FL 33130
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ALTON ADVISORS, INC. 155 SOUTH MIAMI AVENUE PENTHOUSE 2A MIAMI, FL 33130		04212006 No Chg-LLC      CR2E083 (11/05)
		4. FEI Number 20-2743960
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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.		<b>DO NOT WRITE IN THIS SPACE</b>
		SIGNATURE _____ <i>V.P.</i> _____ <i>4/26/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
Filing Fee is \$50.00 Due by May 1, 2006 <span style="float: right;">U000000542024 05/10/06-80077-021 50.00</span>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRINSKY, JEFF 155 SOUTH MIAMI AVENUE PH. 2A MIAMI, FL 33130	
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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: _____ <i>4/26/06</i> _____ <i>305-374-7075</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		