

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 048 ****50.00

DOCUMENT # L04000074478

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

60044277



03092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

333 S. Miami Avenue

Suite, Apt. #, etc.
Suite 150

City & State
Miami, FL

Zip
33130

Country
USA

3. Mailing Address

333 S. Miami Avenue

Suite, Apt. #, etc.
Suite 150

City & State
Miami, FL

Zip
33130

Country
USA

4. FEI Number
20-2743960

Applied For
Not Applicable

5. Certific
No Additional
Required

6. Name and Address of Current Registered Agent

ALTON ADVISORS, INC.
155 SOUTH MIAMI AVENUE
PENTHOUSE 2A
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
Alton Advisors, Inc.
Street Address (P.O. Box Number is Not Acceptable)
333 S. Miami Avenue
Suite 150
City
Miami FL Zip Code
33130

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
KRINSKY, JEFF
STREET ADDRESS
155 SOUTH MIAMI AVENUE
CITY-ST-ZIP
MIAMI, FL 33130 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
Krinsky, Jeff
STREET ADDRESS
333 S. Miami Avenue #150 Miami, FL 33130 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-18-07