## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

		REPORT				•	or St	
1. Entity Nam	MENT #L0400074	478			04-30-2007	' 90062 C	)48 ****5	0.00
K-SQUAR	RED PARTNERS, LLC		Sang.					
Principal Place 155 S. MIAM MIAMI, FL 33	II AVENUE, PH 2-A	Mailing Address 155 S. MIAMI AVENUE, P MIAMI, FL 33130	PH 2-A		6004	1277		
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. ,	Place of Business - No P.O. Box # . Miami Avenue	3. Mailing Address 333 S. Milami	Avenue					
Suite, Apt. Suite	#, etc.	Suite, Apt. #, etc. Suite 150		03092007	Chg-LLC	CR2E0	83 (12/06)	
City & Stat	:e	City & State		4. FEI Numb			<del></del>	olied For
<u>Miami</u> Zip	FTCountry	Miami, FT.	Country	20-274 5. Certific	13900		TO Addi	Applicable
33	3130 USA USA	33130	USA		d Address of New	MAGGR79	್ಷe Required	
6. Name and Address of Current Registered Agent  ALTON ADVISORS, INC. 155 SOUTH MIAMI AVENUE PENTHOUSE 2A MIAMI, FL 33130			Street Addres	7. Name and Address of Newwoods 14 June  Alton Advisors Inc. at Address (P.O. Box Number is Not Acceptable)  333 S. Miami Avenue  Suite 350  FL Zip Code				
P. The shows	e named entity suffmits this statement for	r the purpose of changing its re	egistered office or regis	li`ami` stered agent, or be	oth, in the State of Fl		amiliar with,	30 and accept
the obligat	tions of reclisted appeal.		Registered Agent signature requ			DATE	_	
SIGNATURE	_//#/				Mai	DATE se check p	-	
SIGNATURE FI	Squalue typed is printed name of registered agent liling Fee is \$50.00 ue by May 1, 2007	and litte il applicable (NOTE:	Registered Agent signature requ	ired when reinstating)	Mai	DATE se check p a Departm	ayable to ent of State	,
SIGNATURE	Squalue typed is printed name of registered agent liling Fee is \$50.00 ue by May 1, 2007	and title if applicable (NOTE:	Registered Agent signature required to the s	ired when reinstating)	Mai Florid ADDITIONS	DATE se check p a Departm	ayable to ent of State	
SIGNATURE FI D 9. FIILE	Squalue typed is printed name of registered agent illing Ege is \$50.00 ue by May 1, 2007  MANAGING MEMBE	and litte il applicable (NOTE:	Registered Agent signature requirements of the second signature requirements of the s	GRM	Mai Florid ADDITIONS	DATE  Se check p a Departm	ayable to ent of State A Change	Addition
9. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS	Signature Typed or printed name of registered agent  illing Fee is \$50.00  we by May 1, 2007  MANAGING MEMBE  MGRM  KRINSKY, JEFF  155 SOUTH MIAMI AVENUE	and litte il applicable (NOTE:	10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	GRM	Mai Florid ADDITIONS	DATE  Se check p a Departm	ayable to ent of State A Change	Addition
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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 frustee 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

VE ......

4-18-07

Daytime Phone #