

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090718

FILED
Apr 18, 2005
Secretary of State

Entity Name: KON & ASSOCIATES, L.L.C.

Current Principal Place of Business:

410 N. FEDERAL HWY.
C
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

410 N. FEDERAL HWY.
C
HALLANDALE BEACH, FL 33009 US

FEI Number: 20-2046115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KON, MALGORZATA J
410 N. FEDERAL HWY.
C
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

2500 E. HALLANDALE BCH. BLVD.
607
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

2500 E. HALLANDALE BCH. BLVD.
607
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

KON, MALGORZATA J
2500 E. HALLANDALE BEACH BLVD.
607
HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: MALGORZATA J. KON

04/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KON, MALGORZATA J ESQ.
Address: 410 N. FEDERAL HWY., SUITE C
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KON, MALGORZATA J ESQ.
Address: 2500 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MALGORZATA J. KON

MGR

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date