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Secretary of State

03-11-2005 90053 019 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091259

1. Entity Name
K-E, LLC

30003412

Principal Place of Business	Mailing Address
1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131	1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131

03012005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2088 Chagall Circle		2088 Chagall Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: West Palm Beach, Florida		City & State: West Palm Beach, Florida	
Zip: 33409	Country: USA	Zip: 33409	Country: USA

4. FEI Number 20-2465438 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEMET, BARRY N ESQ.
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131

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 [signature] 3/1/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Douglas James Kirlan 2088 Chagall Circle West Palm Beach, Florida 33409 [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	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 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 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] 3/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #