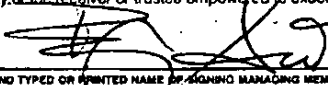


FILED
Apr 13, 2005 8:00 am
Secretary of State

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

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000091259			
1. Entry Name K-E, LLC			
Principal Place of Business 1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131		Mailing Address 1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business 2088 Chagall Circle Suite, Apt. #, etc.		3. Mailing Address 2088 Chagall Circle 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		☒ 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 filer hereby 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:  DATE: 3/1/05 (Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when necessary.)			
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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ 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:  DATE: 3/1/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			