

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90433 030 ****50.00

DOCUMENT # L05000017339

1. Entity Name

KENNETH COURT APARTMENTS, L.L.C.



Principal Place of Business

4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021

2. Principal Place of Business

5711 TROY CT

Suite, Apt. #, etc.

3. Mailing Address

5525 SW 41ST ST

Suite, Apt. #, etc.

#125

1st MOORE

CR2E083 (10/05)

4. FEI Number
05-1243476

Applied For

Not Applicable

City & State
TAMPA FL

City & State
POMBROKE PARK FL

Zip

33610

Country

USA

Zip

33023

Country

USA

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY ESQ.
4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name FRANK ROSEN

Street Address (P.O. Box Number is Not Acceptable)
5525 SW 41ST ST

#125

City POMBROKE PARK FL

Zip Code 33023

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

Frank Rosen MANAGING MEMBER

2/14/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEMBER FRANK ROSEN
STREET ADDRESS	5525 SW 41ST ST #125
CITY-ST-ZIP	POMBROKE PARK FL 33023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Frank Rosen FRANK ROSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/14/06 9549130542
Date Daytime Phone #