## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE:

## Apr 19, 2006 8:00 am Secretary of State DOCUMENT # L05000027566 04-19-2006 90018 042 \*\*\*\*50.00 1. Entity Name KANG REAL ESTATE, LLC Principal Place of Business Mailing Address 10701 SW 63RD AVENUE 10701 SW 63RD AVENUE MIAMI, FL 33156 US MIAMI, FL 33156 US 2. Principal Place of Business 3. Mailing Address 5W 71 AUR 12575 SW 7/ Suite, Apt. #, etc. Ave 12575 Suite, Apt. #, etc 01042006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4 FEI Number MIAMI Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BSPA CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 350 LAS OLAS BLVD 1000 FORT LAUDERDALE, FL 33301 City 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, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR MGR Change ■ Addition TITLE ☐ Delete TITLE ANG, STEVENS KANG, STEVEN S NAME NAME 10701 SW 63RD AVENUE 2575 SW 71 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**