

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90292 002 ****55.00

DOCUMENT # L05000046982

1. Entity Name

K SQUARED DEVELOPMENT LLC



Principal Place of Business

5601 SW 195TH TERRACE
SOUTHWEST RANCHES FL 33332

Mailing Address

5601 SW 195TH TERRACE
SOUTHWEST RANCHES FL 33332
268 WERTSVILLE RD
RINGOES, NJ 08551



2. Principal Place of Business

5601 SW 195th Terrace

3. Mailing Address

268 Wertsville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Southwest Ranches FL

City & State

Ringoes NJ

4. FEI Number

20-2844430

Applied For

Not Applicable

Zip

33332

Country

US

Zip

08551

Country

US

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEINMAN, HOWARD R
5601 SW 195TH TERRACE
SOUTHWEST RANCHES FL 33332

7. Name and Address of New Registered Agent

Name TAMMY KLEINMAN

Street Address (P.O. Box Number is Not Acceptable)

5601 SW 195 TER

City

SW RANCHES

FL

Zip Code

33332

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.

(NOTE: Registered Agent signature required when reconstituting)

2/14/06

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 MGR ☒ Delete
NAME KLEINMAN, HOWARD R
STREET ADDRESS 5601 SW 195TH TERRACE
CITY-ST-ZIP SOUTHWEST RANCHES FL 33332

TITLE MGR ☐ Delete
NAME KOVACIK, JOHN
STREET ADDRESS 268 WERTSVILLE ROAD
CITY-ST-ZIP RINGOES NJ 08551

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE TAMMY KLEINMAN ☐ Change ☒ Addition
NAME
STREET ADDRESS 5601 SW 195 TER
CITY-ST-ZIP SW RANCHES, FL 33332

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John Kovarik

3-3-06