2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Apr 16, 2007 8:00 am Secretary of State
DOCUMENT # L05000051658 1. Entity Name KPW, LLC			04-16-2007 90341 028 ****50.00	
Principal Place of Business 660 GLADES ROAD SUITE 460 BOCA RATON, FL 33431 US		Mailing Address 660 GLADES ROAD SUITE 460 BOCA RATON, FL 33431 US		60036697 04112007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2894444 S. Certificate of Status Desired \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPAC			CE	
6. Name and Address of Current Registered Agent				
PURITA, JOSEPH M.D. 660 GLADES ROAD SUITE 460 BOCA RATON, FL 33431				DO NOT WRITE IN THIS SPACE
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				
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBE	RS/MANAGERS		
TITLE NAME	MGRM WOLLOWICK, BURTON S			
STREET ADDRESS CITY-ST-ZIP	660 GLADES ROAD SUITE 460			
TITLE NAME STREET ADDRESS	BOCA RATON, FL 33431 MGR KREBSB AC H, MICHAEL J 660 GLADES ROAD SUITE 460			
CITY-ST-ZIP	BOCA RATON, FL 33431			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO NOT WRITE
TITLE NAME				IN THIS SPACE
STREET ADDRESS City-St-Zip			_	
name				
STREET ADDRESS CITY-ST-ZIP			_	
TITLE NAME STREET ADORESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing 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: 4/11/07 56/39/5575 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date				