

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051980

FILED
Apr 27, 2006
Secretary of State

Entity Name: K.K.N. DELRAY PROPERTIES, L.L.C.

Current Principal Place of Business:

835 SHARON DRIVE, #200
WESTLAKE, OH 44145

New Principal Place of Business:

Current Mailing Address:

835 SHARON DRIVE, #200
WESTLAKE, OH 44145

New Mailing Address:

FEI Number: 26-0116323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRISON, SCOTT
5541 N. MILITARY TRAIL, SUITE 2116
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MEMB () Change (X) Addition
Name: LEBO PROPERTIES FLOR, IDA LLC
Address: 835 SHARON DRIVE #200
City-St-Zip: CLEVELAND, OH 44145

Title: MEMB () Change (X) Addition
Name: LAKE SHORE FLORIDA,, LLC
Address: 835 SHARON DRIVE #200
City-St-Zip: CLEVELAND, OH 44145

Title: MEMB () Change (X) Addition
Name: NASS PROPERTIES OHIO, LLC
Address: 835 SHARON DRIVE #200
City-St-Zip: CLEVELAND, OH 44145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHY DEUTSCH

BOOK

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date