

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051980

FILED
Mar 11, 2008
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:

GARRISON, SCOTT
8332 NW 8TH WAY
BOCA RATON, FL 33487 US

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:

03/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

BKPR

03/11/2008

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