


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90063 045 \*\*\*\*50.00

<b>DOCUMENT # L05000060300</b>					
<b>1. Entity Name</b> KK GARDENS, LLC					
<b>Principal Place of Business</b> 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487			<b>Mailing Address</b> 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 54-2176011	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WEINER & ARONSON, P.A. C/O JASON S. MANKOFF 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444			<b>7. Name and Address of New Registered Agent</b> Name: <u>GENE KRONICK</u> Street Address (P.O. Box Number is Not Acceptable): <u>3700 SOUTH OCEAN BLVD. - UNIT #210B</u> City: <u>HIGHLAND BEACH</u> <u>FL</u> <u>33487</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/10/2006</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRONICK, GENE 3700 S. OCEAN BLVD., APT. #210B HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY, SUITE 2400 NEW YORK, NY 10006	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY, SUITE 2400 NEW YORK, NY 10006	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, MICHAEL 29 BROADWAY, SUITE 2400 NEW YORK, NY 10006	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>		Date: <u>1/12/06</u> Daytime Phone #: <u>561-376-4485</u>			