

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90068 036 \*\*\*\*50.00

<b>DOCUMENT # L05000093252</b> 1. Entity Name <b>KMH BANNER ELK LLC</b>			
Principal Place of Business <b>2295 NW CORPORATE BLVD., SUITE 235 BOCA RATON, FL 33431-7330</b>		Mailing Address <b>2295 NW CORPORATE BLVD., SUITE 235 BOCA RATON, FL 33431-7330</b>	
2. Principal Place of Business <b>2295 NW Corporate Blvd. Suite 240 Boca Raton, FL 33431</b>		3. Mailing Address <b>2295 NW Corporate Blvd. Suite 240 Boca Raton, FL 33431</b>	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33431</b>		Zip <b>33431</b>	
Country <b>USA</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		1. FEI Number <b>42-1681418</b>	
6. Name and Address of Current Registered Agent <b>LLOYD GRANET, P.A. 2295 NW CORPORATE BLVD., SUITE 235 BOCA RATON, FL 33431-7330</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2008</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST- ZIP _____	<input type="checkbox"/> Delete	TITLE <b>MGR</b> NAME <b>Ronald Kent</b> STREET ADDRESS <b>Suite 240, 2295 NW Corporate Blvd.</b> CITY-ST- ZIP <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST- ZIP _____	<input type="checkbox"/> Delete	TITLE <b>MGR</b> NAME <b>Richard Hogman</b> STREET ADDRESS <b>Suite 240, 2295 NW Corporate Blvd.</b> CITY-ST- ZIP <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST- ZIP _____	<input type="checkbox"/> Delete	TITLE <b>MGR</b> NAME <b>Ken Muller</b> STREET ADDRESS <b>Suite 240, 2295 NW Corporate Blvd.</b> CITY-ST- ZIP <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST- ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST- ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>561-391-8244</b> <small>Daytime Phone</small>	

30001016





ATTACHMENT

30001016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2006

KMH BANNER ELK LLC  
2295 NW CORPORATE BLVD.  
SUITE 240  
BOCA RATON, FL 33431-7330

Subject: KMH BANNER ELK LLC

Reference Number: L05000093252

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

FEI is now included  
Thank you