

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100269

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: L & K REAL ESTATE INVESTMENTS NO. 4, LLC

**Current Principal Place of Business:**

20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 20-3610498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEOPOLD, KORN & LEOPOLD, P.A.  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

LEOPOLD KORN LEOPOLD & SNYDER, P.A.  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 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: NORMAN LEOPOLD

03/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEOPOLD, NORMAN  
Address: 20801 BISCAYNE BLVD., SUITE 501  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR ( ) Delete  
Name: KORN, GARY  
Address: 20801 BISCAYNE BLVD., SUITE 501  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

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 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: NORMAN LEOPOLD

MGR

03/06/2007

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