2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

May 05, 2008 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # L05000100654** 1. Entity Name LKG-L. LLC Principal Place of Business Mailing Address 7941 IRONHORSE BOULEVARD 7941 IRONHORSE BOULEVARD WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 04292008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0757906 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MALOOF, GLEN 7941 IRONHORSE BOULEVARD WEST PALM BEACH, FL 33412 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000946831 05/30/08-80064-015 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MALOOF, GLEN NAME 7941 IRONHORSE BOULEVARD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP "IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

SIGNATURE: SIGNATURE AND TYPED ON FRINTED HAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REFRESENTATIVE

FILED

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