2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 08, 2006 8:00 am Secretary of State

DOCUMENT # L05000119139 1. Entity Name KNZ 2104W, LLC				09-08-2006 90044 028 ****50.00		
Principal Place of Business Mailing Address					╡	
16932 NE 19TH AVENUE		16932 NE 19TH AVENUE				
N. MIAMI BEACH, FL 33162		N. MIAMI BEACH, FL. 3				
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2. Principal Place of Business		3. Mailing Address				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		09012006 Chg-LLC CR2E083 (11/05)	
City & State		City & State	City & State		4. FEI Number X Applied I Not Appl	
Zip	Country	Zip	Zip Countr		5. Certificate of Status Desired 55.00 Additional Fee Required	1
	nt Registered Agent	tered Agent		7. Name and Address of New Registered Agent		
	77.14.DT 4 F00			Name		i
16900 N.E	STUART A ESQ E. 19TH AVENUE BEACH, FL 33162		Street Address (s (P.O. Box Number is Not Acceptable)	
, which is						
				City	FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Fil Due I	ling Fee is \$50.00 by September 6, 2006				Make check payable to Florida Department of State	• •
9. MANAGING MEMBERS/MANAGERS			10.		ADDITIONS/CHANGES	
TITLE	MGRM Delete			E	Change A	Addition
NAME	KNZ REAL ESTATE HOLDING	SS, INC.	NAM	1		
STREET ADDRESS 16932 NE 19TH AVENUE CITY-ST-ZIP N. MIAMI BEACH, FL 33162				EET ADDRESS /-ST-ZIP		
TITLE	IN. IVIANII BEACH, FL 33102	Г ⁺ 1 в.ш.	-		☐ Change ☐ A	National Community
NAME	į	Delete	TITL	1		Addition
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			CITY	r-ST-ZIP		
TITLE		☐ Detete	TITE	E	☐ Change ☐ A	Addition
NAME STREET ADDRESS			NAM			
CITY-ST-ZIP		•		EET ADDRESS (-ST-ZIP		
TITLE		☐ Delete	TITL	————	Change A	Addition
NAME		_ Delete	NAN		Company Company	
STREET ADDRESS			STR	EET ADDRESS		
CITY-ST-ZIP			CITY	/-ST-ZIP		
TITLE		☐ Delete	TITL		☐ Change ☐ A	Addition
NAME STREET ADDRESS			NAN STR	AE EET ADDRESS		
CITY-ST-ZIP			4	r-ST-ZIP		
TITLE		□ Delete	TITL	.E	☐ Change ☐ A	Addition
NAME			NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						