


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90254 011 \*\*\*\*50.00

|  |  |   |
|--|--|---|
| DOCUMENT # L06000039557                    |  |  |
| 1. Entity Name<br>KAASH 2 HOLDINGS, L.L.C. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>9965 NW 23RD STREET<br>CORAL SPRINGS, FL 33065 | Mailing Address<br>PARVEEN AND TERRY BHATIA<br>9965 NW 23RD STREET<br>CORAL SPRINGS, FL 33065 |
|---|---|

**60047940**

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>4905 NW 82nd Terr<br>Suite, Apt. #, etc. | 3. Mailing Address<br>4905 NW 82nd Terr<br>Suite, Apt. #, etc. |
|--|--|

03222007 Chg-LLC CR2E083 (12/06)

|                                   |                                  |
|-----------------------------------|----------------------------------|
| City & State<br>Coral Springs, FL | City & State<br>Coral Springs FL |
| Zip<br>33067                      | Country<br>USA                   |
| Zip<br>33067                      | Country<br>USA                   |

|               |  |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>BHATIA, TERRY<br>9965 NW 23RD STREET<br>CORAL SPRINGS, FL 33065 |  |
|--|--|

|   |                      |
|---|----------------------|
| 7. Name and Address of New Registered Agent                             |                      |
| Name  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>4905 NW 82nd Terr |                      |
| City<br>Coral Springs   | FL Zip Code<br>33067 |

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

*T. Bhatia*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BHATIA, TERRY<br>9965 NW 23RD STREET<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4905 NW 82nd Terr.<br>Coral Springs 33067 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BHATIA, PARVEEN<br>9965 NW 23RD STREET<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>11  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

954  
X 4/30/07 X 663 8784