

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058618

Entity Name: KHG, LLC

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

3001 PONCE DE LEON BLVD., SUITE 265
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3001 PONCE DE LEON BLVD., SUITE 265
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5012952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOMMERS, STEVEN L
Address: 3001 PONCE DE LEON BLVD., SUITE 265
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: MOSS, DANIEL
Address: 3001 PONCE DE LEON BLVD., SUITE 265
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: SIEGEL, MORRIE
Address: 3001 PONCE DE LEON BLVD., SUITE 265
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL MOSS

MGR

01/25/2007

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