

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 31, 2008
Secretary of State**

DOCUMENT# L07000029004

Entity Name: KE REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

301 CAMINO GARDENS BLVD
STE 201
BOCA RATON,, FL 33432 US

New Principal Place of Business:

677 HERMITAGE CIRCLE
PALM BEACH GARDEN, FL 33410 US

Current Mailing Address:

301 CAMINO GARDENS BLVD
STE 201
BOCA RATON,, FL 33432 US

New Mailing Address:

3601 S OCEAN BLVD
104
S PALM BEACH, FL 33480 US

FEI Number: 20-8789731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, XAVIER
301 CAMINO GARDENS BLVD
STE 201
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

LEONHARDT, SUSAN A
3601 S OCEAN BLVD
104
S PALM BEACH, FL 33480 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: SUSAN A LEONHARDT 05/31/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KATZMAN, SCOTT
Address: 6777 HERMITAGE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

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

Title: MEMB (X) Delete
Name: ESCOBAR, XAVIER
Address: 3911 NE25TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

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

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT KATZMAN MGRM 05/31/2008

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