2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# L07000082730

Entity Name: I.T. KAHN MANAGEMENT, LLC

Current Principal Place of Business:

4630 PINE TREE DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4630 PINE TREE DRIVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 26-0760507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYNE TOWER, 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 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:	MR	( ) Delete
Name:	KAHN, SIDNEY MGR	
Address:	4630 PINE TREE DRIVE	
City-St-Zip:	MIAMI BEACH, FL 33140 US	
Title:	MS	( ) Delete
Name:	KAHN, DALIA MGR	
Address:	4630 PINE TREE DRIVE	
City-St-Zip:	MIAMI BEACH, FL 33140 US	
Title:	MS	( ) Delete
Name:	KAHN, RACHELLE MGR	
Address:	4630 PINE TREE DRIVE	
City-St-Zip:	MIAMI BEACH, FL 33140 US	

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 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: SIDNEY KAHN MGR 03/22/2009

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