

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101804

Entity Name: KVC REALTY II, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

15300 JOG ROAD, SUITE 208  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

15300 JOG ROAD, SUITE 208  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 26-3704502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

LEVINE, COREY E CPA  
15300 JOG ROAD  
SUITE 208  
DELRAY BEACH, FL 33446 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: COREY E LEVINE, CPA

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HLAUWATY, MAXIMILIAN R  
Address: 15300 JOG ROAD, SUITE 208  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR ( ) Delete  
Name: HLAUWATY, BRIGITTE  
Address: 15300 JOG ROAD, SUITE 208  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES:**

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: MAXIMILLIAN HLAUWATY

MM

04/27/2009

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