

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118322

**Entity Name:** KLP LOST RIVER II LLC

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

701 S. OLIVE AVENUE, SUITE 104  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

701 S. OLIVE AVENUE, SUITE 104  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 27-1480355      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:**

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  
Name: CLARKE, MICHAEL  
Address: 701 S. OLIVE AVENUE, SUITE 104  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR  
Name: ERBSTEIN, HOWARD  
Address: 701 S. OLIVE AVENUE, SUITE 104  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR  
Name: JULIEN, ROBERT  
Address: 701 S. OLIVE AVENUE, SUITE 104  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR  
Name: JOHNSON, WILLIAM  
Address: 701 S. OLIVE AVENUE, SUITE 104  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: MICHAEL CLARKE

MGR

03/05/2010

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