

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001807

Entity Name: KC PROPERTIES LLC

FILED
May 11, 2005
Secretary of State

Current Principal Place of Business:

45 SHERMAN AVENUE
WEST HARRISON, NY 10604

New Principal Place of Business:

3 HILLTOP LANE
WHITE PLAINS, NY 10607

Current Mailing Address:

PO BOX 763
WEST NYACK, NY 10994

New Mailing Address:

PO BOX 946
ELMSFORD, NY 10523

FEI Number: 13-4201429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE SERVICE BUREAU INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGRM () Delete
Name: KAREL, AVRAM
Address: 4 CLEARWATER CT.
City-St-Zip: NANUET, NY 10954

Title: MGRM () Delete
Name: LEVINE, GWENN
Address: 65 CAMPBELL AVE.
City-St-Zip: WOODCLIFF LAKE, NJ 07677

Title: MGRM () Delete
Name: HARMANSKY, ELLEN
Address: 1664 OSTERVILLE-W BARNSTABLE RD.
City-St-Zip: W. BARNSTABLE, MA 02668

Title: MGRM () Delete
Name: KAREL, DEBBIE
Address: 2230 PACIFIC AVE. #104
City-St-Zip: SAN FRANCISCO, CA 94115

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: KAREL, AVRAM H MG/MMBR
Address: 3 HILLTOP LANE
City-St-Zip: WHITE PLAINS, NY 10607

Title: MS. (X) Change () Addition
Name: LEVINE, GWENN MEMBER
Address: 65 CAMPBELL AVE.
City-St-Zip: WOODCLIFF LAKE, NJ 07677

Title: MRS. (X) Change () Addition
Name: HARMANSKY, ELLEN MEMBER
Address: 1664 OSTERVILLE-W BARNSTABLE RD.
City-St-Zip: W. BARNSTABLE, MA 02668

Title: MS. (X) Change () Addition
Name: KAREL, DEBBIE MEMBER
Address: 2230 PACIFIC AVE. #104
City-St-Zip: SAN FRANCISCO, CA 94115

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AVRAM H. KAREL

MR.

05/11/2005

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