

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90031 027 \*\*\*\*50.00

**DOCUMENT # M02000002712**

1. Entity Name  
**K & S VERO BEACH I, LLC**



Principal Place of Business  
**7001 BRUSH HOLLOW ROAD  
WESTBURG, NY 11590**

Mailing Address  
**7001 BRUSH HOLLOW ROAD  
WESTBURG, NY 11590**

**20001098**



01052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

**7001 Brush Hollow Road**

Suite, Apt. #, etc.

3. Mailing Address

**7001 Brush Hollow Road**

Suite, Apt. #, etc.

City & State

**Westbury NY**

Zip Country

**11590**

City & State

**Westbury NY**

Zip Country

**11590**

4. FEI Number

**75-3072983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**INCORPORATING SERVICES, LTD  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
KALIKOW, EDWARD  
7001 BRUSH HOLLOW RD  
WESTBURY, NY 11590**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
SHALIK, EUGENE  
7001 BRUSH HOLLOW RD  
WESTBURY, NY 11590**

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/8/07 516-876-4800**