## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000003066

1. Entity Name

K & S FOREST LAKE, LLC



FILED Jan 12, 2007 08:00 AN Secretary of State

Principal Place of Business

7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590 Mailing Address

7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590



DO NOT WRITE IN THIS SPACE

01052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4219694 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

## DO NOT WRITE IN THIS SPACE

			IN THIS STAGE	
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 little if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TIFLE	MGRM			
NAME	KALIKOW, EDWARD			
STREET ADDRESS				
CITY-ST-ZIP	WESTBURY, NY 11590			
TITLE	MGRM		U00000584972	
NAME	SHALIK, EUGENE		U00000584972 -01/12/07-80057-023 50.00	
STREET ADDRESS CITY - ST - ZIP	7001 BRUSH HOLLOW ROAD			
	WESTBURY, NY 11590	<del>-</del>		
TITLE				
NAME STREET ADORESS				
CITY -ST-ZIP		I DO	NOT WRITE	
TITLE			FILLO OBAGE	
NAME		IN I	THIS SPACE	
STREET ADDRESS			•	
CITY-ST-ZIP				
TITLE				
NAME				
street address				
CRY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY -ST - ZIP		<u></u>		

11. I hereby certify that the information supplied with this filling 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, OR AUTHORIZED REPRESENTATIVE

1/8/00

516-876-4800

Daytime Phone #