## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M04000000095

1. Entity Name K&S EMERSON ESTATES, LLC



FILED
Jan 10, 2006 08:00 AM
Secretary of State

Principal Place of Business

7001 BRUSH HOLLOW RD WESTBURY, NY 11590 Mailing Address

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

7001 BRUSH HOLLOW RD WESTBURY, NY 11590



01042006 No Chg-LLC

CR2E083 (11/05)

4. FE) Number 20-0563815 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301

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		IN I	HIS SPACE
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. (am familiar with, and accept the obligations of registered agent.			
SIGNATURE		(NOTE, Registered Agent algrature required when reinstating)	OATE
Filing Fee is \$50.00 Due by May 1, 2006		(400000381564 01/11/06-80061-001 <b>50.</b> 00	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM KALIKOW, EDWARD 7001 BRUSH HOLLOW RD WESTBURY, NY 11590		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHALIK, EUGENE 7001 BRUSH HOLLOW RD WESTBURY, NY 11590		······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			