## 2007 LIMITED LIÄBILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400002066

1. Entity Name

K & S CORAL TRACE, LLC



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

Principal Place of Susiness

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 CF

CR2E083 (11/05)

4. FEI Number 20-1053619

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. | Name | and Address | of | Current | Regis | tered . | Agent |
|----|------|-------------|----|---------|-------|---------|-------|
|    |      |             |    |         |       |         |       |
|    |      |             |    |         |       |         |       |

INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of char-<br>ions of registered agent. | nging its registered office or registered agent, or both,   | in the State of Florida. I am familiar with, and accept |
|--|---|---|---|
| SIGNATURE_                                     | Signature, typed or privise name of registered agent and title if applicable              | (NOTE Registered Agent signature required when reinstating) | DATE  |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2007   |   |   |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM<br>KALIKOW, EDWARD<br>7001 BRUSH HOLLOW ROAD<br>WESTBURY, NY 11590                   |   | Unnepornader  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SHALIK, EUGENE<br>7001 BRUSH HOLLOW ROAD<br>WESTBURY, NY 11590                    |   | U00000584965<br>01/12/07-80057-021 50.00                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | DO  | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-BP           |   | IN T  | HIS SPACE   |
| TITLE NAME STREET ADDRESS CITY -ST - ZIP       |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS                |   |   |   |

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:

CITY -ST -ZIP

URE:

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

1/8/100

516-876-4800

Daytime Pho