

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**-Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000004684

1. Entity Name  
RK AQUITY ADVISORS, LLC



Principal Place of Business  
111-15 75TH AVENUE #6H  
FOREST HILLS, NY 11375

Mailing Address  
111-15 75TH AVENUE #6H  
FOREST HILLS, NY 11375



04152006No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1989131

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROSEN, ADAM J  
10863 LAKE WYNDS COURT  
BOYNTON BEACH, FL 33437

**DO NOT WRITE  
IN THIS 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Adam J. Rosen*

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

(NOTE: Registered Agent signature required when reinstalling)

4/15/05

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KLEIN, HOWARD
STREET ADDRESS	111-15 75TH AVENUE #6H
CITY-ST-ZIP	FOREST HILLS, NY 11375
TITLE	MGRM
NAME	ROSEN, ADAM
STREET ADDRESS	10863 LAKE WYNDS COURT
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11010000313898  
14/18/05-80142-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Adam J. Rosen*

Adam J. Rosen

4/15/05

(646) 536-3865

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

Date

Daytime Phone #