| 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT | | | | FILED | |
|--|---|--------------|---|---|--|
| DOCUMENT # M05000001324 1. Entity Name K & S KENNEDY GROVE, LLC | | | | Jan 10, 2006 08:00 AM Secretary of State | |
| Principal Place of Business Mailing Address 7001 BRUSH HOLLOW ROAD 7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590 WESTBURY, NY 11590 | | ··· _ | - L IN REMORT (IN REVIEW RICH AND IT AND IT AND THEN IT AND THE AT A THE AT A THE AT | | |
| DO NOT WRITE IN THIS SPA | | | CE | 01042006 No Chg-LLC CR2E083 (11/05) 4. FE! Number Applied For 20-2400751 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 | |
| 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 releasting) DATE Filling Fee is \$50.00 Due by May 1, 2006 | | | | | |
| 9. MANAGING MÉMBERS/MANAGERS | | | | | |
| TITLE Name Street address City-St-Zip | MGRM KALIKOW, EDWARD 7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHALIK, EUGENE 7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590 | · · · | | 900000391299 01/11/06-80048-009 50.00 | |
| 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 | | | | ی <u>میکند.</u> میکوم است. میکوم بر در در میکوم از میکو میکوم بیشن از میکوم از ایس میکوم از م | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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 1 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: I/L/0L 3/6.876.4800 | | | | | |