2008 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Apr 24, 2008-08:00 AF		
DOCUMENT # M0500006025 1. Entity Name FEIGA/KENTWOOD LLC				Se	24, 2008 08:00 AN ecretary of State	
C/O CLK MANGEMENT CORP. C/O CLK N 9 Park place 9 Park P		Mailing Address C/O CLK MANGEMENT CORP. 9 PARK PLACE GREAT NECK, NY 11021	D CLK MANGEMENT CORP. Park place			
16 2 ¹¹ 3			, , , , , , , , , , , , , , , , , , ,	04182008 No Chg-LLC	CR2E083 (12/07)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number NOT APPLICABLE	Applied For	
			, 10	5. Certificate of Status Desired	Not Applicable S.00 Additional Fee Required	
, , , , , , , , , , , , , , , , , , ,	6. Name and Address of Current Re	gistered Agent				
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4						
WESTON,	FL 33331	$\sqrt{0}$		IN THIS SPA	\CE	
	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or both, in the State of Florid	a. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	tule if applicable. (NOTE Registere	d Agent signature required	when reinstating)	DATE	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			<u>00000091</u> 05/13/08-90	7923 061-023 138.75	
9. TITLE	MANAGING MEMBER	S/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	FEIGA PARNTERS II, L.P. 9 PARK PLACE GREAT NECK, NY 11021					
TITLE NAME Street address City-st-zip						
TITLE	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • •			
STREET ADDRESS				DO NOT WF	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby indicated	L certify that the information supplied with t on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have the sai	me legal effect as if	made under oath; that I am a manag	rther certify that the information jing member or manager of the	
SIGNAT	URE: Crey	CANG KOEN	IIqSBERG	4/18/08	576-466-9440	
	SIGNATURE AND TYPED OR PRINTED NAME S	GNINGMANAGING MEMBER, OR AUTHORIZ	ED REPRESENTATIVE	Date	Daytime Phone #	

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