## File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS** 

## FILED

GRAPROL PM 1:06

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Malling Address of Limited Liability Company DOCUMENT # M9700000405								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
K & S WATERFORD LAKES, LLC C/O KALIKOW DEVELOPMENT ASSOCIATES, LTD. 7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590								1a. Principal Place of Business Address  C/O KALIKOW DEVELOPMENT ASSO 7001 BRUSH HOLLOW ROAD WESTBURY, NY 11590					
2. Principal Place of Business 2a. Mailin				ng Address			,	Date Organized or Qualified			3a. State of Formation		
Suite, Apt. #, etc. Suit			Suite, Apt	Apt. #, etc.			07/09/1 4. FEI Number	NY Applied For					
City & State			City & Sta	City & State			11-3383	Not Applicable					
Zip	Country		Zip	Zip Coun		ту	5. Date of Last	нероп	6. Certificate of Status Desire \$8.75 Additional Fee Required				
	7. Name	and Address of Curren	t Registered	Agent		8.	Name and Addres	ss of New Regis	tered Age	nt/Office	9		
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the all						Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc. — U4/28/98—U1035—024  City ***** 138. 75  FL  bove-named limited liability company submits this statement for the purpose of changing							
its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.													
SIGNATU	RE	1)	DATE										
(Registered Agent Accepting Appointment) (NOTE Registered Agent signate  10. Title Managing Members/Managers Busin						ess Street Address City, State and Zip Code							
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11. Ido 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 annual 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 Ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

Edward Ka
SIGNATURE AND LYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Edward Kalikow