


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90204 036 \*\*\*\*50.00

**DOCUMENT # L06000038846**

1. Entity Name  
 KYLY 3281, LLC



Principal Place of Business      Mailing Address  
 18305 BISCAYNE BLVD.      18305 BISCAYNE BLVD.  
 SUITE 216      SUITE 216  
 AVENTURA, FL 33160      AVENTURA, FL 33160



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01182007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
 20-4689953      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 BARTHE & LEIGH LLP  
 2455 E. SUNRISE BLVD.  
 SUITE 216  
 FORT LAUDERDALE, FL 33304

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

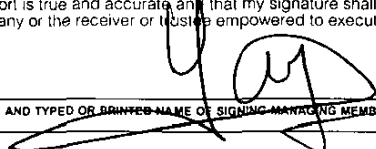
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAMER, YAN 18305 BISCAYNE BLVD. SUITE 216 AVENTURA, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:**       **03/14/07**      **305.932.0722**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #