


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009745
 1. Entity Name
KORGE BROTHERS HOLDINGS LLC



Principal Place of Business Mailing Address
230 PALERMO AVE **230 PALERMO AVE**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



04142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1031474	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
KORGE, THOMAS J
230 PALERMO AVE
CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

U00000136121
 04/28/04-80081-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORGE, THOMAS J 230 PALERMO AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORGE, CHRISTOPHER G 230 PALERMO AVE CORAL GABLES, FL 33134
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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: *Thomas J. Korge* **4/14/04** **305-444-5601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #