


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009745 1. Entity Name KORGE BROTHERS HOLDINGS LLC	
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Principal Place of Business 230 PALERMO AVE CORAL GABLES, FL 33134	Mailing Address 230 PALERMO AVE CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1031474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	KORGE, THOMAS J
STREET ADDRESS	230 PALERMO AVE
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	KORGE, CHRISTOPHER G
STREET ADDRESS	230 PALERMO AVE
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/05/06-80130-016 50.00

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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: Thomas J. Korge 4/20/06 305-444-9533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #