

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L00000009745</b><br>1. Entity Name<br>KORGE BROTHERS HOLDINGS LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>230 PALERMO AVE<br>CORAL GABLES, FL 33134 | Mailing Address<br>230 PALERMO AVE<br>CORAL GABLES, FL 33134 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-LLC CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-1031474</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

KORGE, THOMAS J  
 230 PALERMO AVE  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000905438  
 05/01/08-80053-014 138.75

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

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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:**  **4/15/08** **305-444-9533**

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