

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012334

FILED
Apr 26, 2007
Secretary of State

Entity Name: KOBE ENGINEER AND CONSULT USA, LLC

Current Principal Place of Business:

240 SE 10TH STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH, FL 33060

Current Mailing Address:

C/O PROJEKT BERATUNG
P O BOX 10426
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 65-1119971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OATES, DANIEL E ESQ.
1500 EAST ATLANTIC BLVD, STE B
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

OATES, DANIEL E ESQ.
1500 EAST ATLANTIC BLVD,
SUITE B
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: _____

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEORGE R. SCHROEDER,
Address: 1500 EAST ATLANTIC BLVD. SUITE B
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM (X) Delete
Name: SCHROEDER, JONATHAN P
Address: 1230 NE 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE SCHROEDER

MM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date