



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -2 AM 9:23

50.00

DOCUMENT # L04000028807			
1. Entity Name KA STRATEGIES, LLC			
Principal Place of Business 3250 MARY ST, STE 500 COCONUT GROVE, FL 33133		Mailing Address 3250 MARY ST, STE 500 COCONUT GROVE, FL 33133	
2. Principal Place of Business 1200 BRICKELL AVE		3. Mailing Address 1200 BRICKELL AVE	
Suite, Apt. #, etc. SUITE 1460		Suite, Apt. #, etc. SUITE 1460	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country	Zip 33131	Country
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD 201 ALHAMBRA CIR, STE 601 CORAL GABLES, FL 33134		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 September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBERS KARIM ALIBHAI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBERS KARIM ALIBHAI <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER THOMAS J. BEZOLD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER THOMAS J. BEZOLD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MIAMI, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900058536699 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	08/12/05--01055--013 **250.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: 		(305) 442 9808	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	