

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063334

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: KINDA, L.L.C.

**Current Principal Place of Business:**

% DR. GARY N. ACKERMAN  
55 SAINT JAMES DRIVE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

% DR. GARY N. ACKERMAN  
55 SAINT JAMES DRIVE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZANE, JEFFREY P  
4800 RIVERSIDE DRIVE, SUITE 101  
PALM BEACH GARDENS, FL 33410    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      ACKERMAN, GARY N  
Address:                      55 SAINT JAMES DRIVE  
City-St-Zip:                      PALM BEACH GARDENS, FL 33418

Title:                      MGRM                      ( ) Delete  
Name:                      COHN, JESSICA  
Address:                      55 SAINT JAMES DRIVE  
City-St-Zip:                      PALM BEACH GARDENS, FL 33418

Title:                      MGRM                      ( ) Delete  
Name:                      ACKERMAN, RONALD T  
Address:                      55 SAINT JAMES DRIVE  
City-St-Zip:                      PALM BEACH GARDENS, FL 33418

Title:                      MGRM                      ( ) Delete  
Name:                      ACKERMAN, BARBARA  
Address:                      55 SAINT JAMES DRIVE  
City-St-Zip:                      PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

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

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

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 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: GARY ACKERMAN

MGR

01/11/2007

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