

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065325

Entity Name: KOLBEN FAMILY, LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

7671 LAKESIDE BLVD., G 16-4
BOCA RATON, FL 33434

New Principal Place of Business:

7671 LAKESIDE BLVD.,
G 16-4
BOCA RATON, FL 33434

Current Mailing Address:

7671 LAKESIDE BLVD., G 16-4
BOCA RATON, FL 33434

New Mailing Address:

7671 LAKESIDE BLVD.,
G 16-4
BOCA RATON, FL 33434

FEI Number: 20-5669840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINAGRA, FRANK J ESQ
ONE FINANCIAL PLAZA, SUITE 1900
FORT LAUDERDALE, FL 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: P () Delete
Name: KOLBEN, PETER M
Address: 7671 LAKESIDE BLVD., G 16-4
City-St-Zip: BOCA RATON, FL 33434

Title: ST () Delete
Name: KOLBEN, SUSAN G
Address: 7671 LAKESIDE BLVD., G 16-4
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: KOLBEN, PETER M
Address: 7671 LAKESIDE BLVD., G 16-4
City-St-Zip: BOCA RATON, FL 33434

Title: MRS. (X) Change () Addition
Name: KOLBEN, SUSAN G
Address: 7671 LAKESIDE BLVD., G 16-4
City-St-Zip: BOCA RATON, FL 33434

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: PETER KOLBEN

PRES

01/20/2009

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