2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009745

1. Entity Name

KORGE BROTHERS HOLDINGS LLC



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business 230 PALERMO AVE CORAL GABLES, FL 33134 Mailing Address 230 PALERMO AVE CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1031474 Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if emplicable

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, the obligations of registered agent.	I am familiar with, and accept
S	IGNATURE	

(NOTE Registered Agent signature required when reinstaling)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	KORGE, THOMAS J	
STREET ADDRESS	230 PALERMO AVE	
CITY-SI-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	
NAME	KORGE, CHRISTOPHER G	
STREET ADDRESS	230 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CHY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
(JIY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11 Uhereby	certify that the information supplied with this filling does not qualify for the e	

U00000738059 05/11/07-80054-006 50.00

DO NOT WRITE IN THIS SPACE

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 cytrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AND HORIZED REPRESENTATIVE

4/18/67 305-444-95 33