2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013630

1. Entity Name
KITAIF & KITAIF, LLC

Principal Place of Business	Mailing Address
1982 STATE ROAD 44, #311 NEW SMYRNA BEACH, FL 32168	1982 STATE ROAD 44, #311 NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3737455
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, ANDREW L P.A.
4300 N. UNIVERSITY DR., #C-203
FT LAUDERDALE, FL 33351

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DONALD, KITAIF
STREET ADDRESS	1982 STATE RD 44 #311
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	MGRM
NAME	SHERYL, KITAIF
STREET ADDRESS	1982 STATE RD 44 #311
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80028-012 50.00

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

SIGNATURE: SHERYL S. KITAIF Sheryl S Kitaif 1/3/06 3864272372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #