2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019123

1. Entity Name KAZBO, L.L.C.



Principal Place of Business

NINE THIRD STREET NORTH ST. PETERSBURG, FL 33701 Maiting Address

NINE THIRD STREET NORTH ST. PETERSBURG, FL 33701

FILED Jan 08, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3760309

Applied For Not Applicable

5. Certificate of Status Desired

s

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOBELIS, ALGIRDAS M NINE THIRD STREET NORTH ST. PETERSBURG, FL 33701

STREET ADDRESS CITY-ST-ZIP

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The above named entity submits this statement for the purpose of the obligations of registered agent.	changing its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filling Fee is \$50.00 Due by May 1, 2007		
AANIAGING MEMBERS (MANIAGERS		

MGR TITLE BOBELIS, ALGIRDAS M NAME STREET ADDRESS NINE THIRD STREET NORTH, SUITE 209 CITY-ST-ZIP SAINT PETERSBURG, FL. 33701 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME

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11. I hereby certify that the information supplied with this filling 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: Ogil (1 - Boble A16) MAS M. Folger

1/5/2

727-822-5577

Daytime Phone #