

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

POSTED
Apr 23, 2007 10:00 A
Secretary of State

DOCUMENT # L02000016753

1. Entity Name
WAGNER SQUARE, LLC



Principal Place of Business
**C/O REDEVCO CIVIC CENTER LLC
1175 NE 125TH STREET SUITE 103
NORTH MIAMI, FL 33161**

Mailing Address
**C/O REDEVCO CIVIC CENTER LLC
1175 NE 125TH STREET SUITE 103
NORTH MIAMI, FL 33161**



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1011789

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REDEVCO CIVIC CENTER, LLC
1175 NE 125TH ST
STE 103
MIAMI, FL 33161**

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

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KMT ENTERPRISES, LLC
1175 NE 125TH ST, STE 102
MIAMI, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000724500
05/02/07-80114-012 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Delvin Sankel Kolach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/07
Date

305 981-4500
Daytime Phone #