

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90298 045 ****50.00

DOCUMENT # L02000033057

1. Entity Name

KORNBERG MANAGEMENT, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

650 NORTH ATLANTIC AVENUE

3. Mailing Address

650 NORTH ATLANTIC AVENUE

Suite, Apt. #, etc.

PH-5

Suite, Apt. #, etc.

PH-5

City & State

COCOA BEACH

City & State

COCOA BEACH

Zip

32931

Country

USA

Zip

32931

Country

USA

4. FEI Number

65-1167290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ELLIOT H. KORNBERG

Street Address (P.O. Box Number is Not Acceptable)

650 NORTH ATLANTIC AVENUE

PH-5

City

COCOA BEACH

FL

Zip Code
32931

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ELLIOT H. KORNBERG
650 NORTH ATLANTIC AVE. PH-5
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
PATRICIA A. KORNBERG
650 NORTH ATLANTIC AVENUE, PH-5
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)