

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000035120

1. Entity Name
KOB PROPERTIES, LLC



Principal Place of Business
**411 COMMERCIAL COURT, STE. E
VENICE, FL 34292**

Mailing Address
**411 COMMERCIAL COURT, STE. E
VENICE, FL 34292**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
13-4270514

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BINGHAM, JAMES H
411 COMMERCIAL COURT, STE. E
VENICE, FL 34292**

**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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BINGHAM, JAMES H
STREET ADDRESS	411 COMMERCIAL COURT, STE. E
CITY-ST-ZIP	VENICE, FL 34292
TITLE	MGR
NAME	KURLANDER, ROBERT
STREET ADDRESS	1333 S. UNIVERSITY DRIVE, STE. 208
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324
TITLE	MGR
NAME	OAKLEY, THOMAS E
STREET ADDRESS	101 ABC ROAC
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524967
05/04/06-80012-009 50.00

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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: _____

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

DATE

Daytime Phone #