


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90155 009 ****50.00

DOCUMENT # L03000003208		
1. Entity Name K L FAMILY ENTERPRISES, LLC		

Principal Place of Business 1300 NORTH FEDERAL HIGHWAY, SUITE 101 BOCA RATON FL 33432	Mailing Address P.O. BOX 030370 FT LAUDERDALE FL 33303-0370
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2. Principal Place of Business 8890 W. OAKLAND PARK BLVD SUITE, Apt. #, etc. #202 CITY & STATE SUNRISE FL Zip 33351	3. Mailing Address SUITE, Apt. #, etc. CITY & STATE Country USA
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1st MOORE CR2E083 (10/04)

4. FEI Number 06-1673711		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BLACK, WILLIAM R 2691 E. OAKLAND PARK BLVD., SUITE 402 FT LAUDERDALE FL 33306		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWICKI, KRISTOF P.O. BOX 030370 FT LAUDERDALE FL 33303-0370 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **KRISTOF LEWICKI** 02/02/05 954-572-0214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #