

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003208

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: K L FAMILY ENTERPRISES, LLC

**Current Principal Place of Business:**

8890 WEST OAKLAND PARK BOULEVARD  
#202  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 030370  
FT LAUDERDALE, FL 333030370

**New Mailing Address:**

P.O. BOX 030370  
FT LAUDERDALE, FL 33303

FEI Number: 06-1673711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLACK, WILLIAM R  
2691 E. OAKLAND PARK BLVD., SUITE 402  
FT LAUDERDALE, FL 33306 US

**Name and Address of New Registered Agent:**

BLACK, WILLIAM R  
1700 NE 26 STREET  
SUITE 4  
WILTON MANORS, FL 33305 US

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.

SIGNATURE:

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEWICKI, KRISTOF  
Address: P.O. BOX 030370  
City-St-Zip: FT LAUDERDALE, FL 333030370

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date