## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L03900005638 1. Entity Name KALEIDOSCOPE PROPERTIES, L.L.C.

SIGNATURE AND TYPED ON PRINTED NAME OF SKRING MARK



Principal Place of Business

% PAMELA GROSSIUNG

Mailing Address

96 PAMELA GROSSILING

## **FILED** Apr 14, 2005 08:00 AM Secretary of State

8641 NW 51ST PLACE CORAL SPRINGS, FL 33067		8641 NW 51ST PLACE CORAL SPRINGS, FL 33067				
DO NOT WRITE IN THIS SPACE			CE	04062005No Chg-LLC  4. FEI Number 27-0048131  5. Certificate of Status Desired	CR2E083 (10/03)  Applied For Not Applicab  \$5.00 Additional Fee Required	le
	6. Name and Address of Current I	Registered Agent			AND THE STATE OF T	
KRAMER, ROBERT M 4000 HOLLYWOOD BOULEVARD SUITE 485 - SOUTH HOLLYWOOD, FL 33021			DO NOT WRITE IN THIS SPACE			
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 proted name of registered agent and like it applicable. (NOTE: Registered Agent signature required when renestating)  CATE						
Filing Fee is \$50.00 Due by May 1, 2005			U00000305824 04/14/05-80102-004 50.00			
9.	MANAGING MEMBE	AS/MANAGERS			The second second is to be suppressed in	107
NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSJUNG, PAMELA 8641 NW 51ST PLACE CORAL SPRINGS, FL 33067				<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP						_
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby of indicated limited lies	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify for the exert that my signature shall have the same	nption stated in Se e legal effect as if n	ction 119.07(3)(i), Florida Slatutes. I f nade under oath; that I am a managin ter 608. Florida Statutes	further certify that the information ng member or manager of the	

O LIEURES, OR AUTHORIZED REPRESENTATIVE

04-12-05

Date

Daytime Phone #