## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L03000005638**

KALEIDOSCOPE PROPERTIES, L.L.C.



FILED Feb 21, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

% PAMELA GROSSJUNG 8641 NW 51ST PLACE CORAL SPRINGS, FL 33067 Mailing Address

% PAMELA GROSSJUNG **POST OFFICE BOX 9860** CORAL SPRINGS, FL 33075



## DO NOT WRITE IN THIS SPACE

02182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 27-0048131

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M 4000 HOLLYWOOD BOULEVARD SUITE 485 - SOUTH HOLLYWOOD, FL 33021

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changin ions of registered agent.	ng its registered	office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_			<u> </u>		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FI D	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSJUNG, PAMELA POST OFFICE BOX 9860 CORAL SPRINGS, FL 33075			U00000642470 03/01/07-80045-007 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U3/U1/U7-80045-007 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #