

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015383

Entity Name: K.B. FAMILY GROUP LLC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

265 GRAPE TREE DR.
108
KEY BISCAVNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 490568
265 GRAPETREE DR. #108
KEY BISCAVNE, FL 33149 US

New Mailing Address:

PO BOX 490568
N/A
KEY BISCAVNE, FL 33149 US

FEI Number: 65-1213983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, ALFRED SR.
265 GRAPE TREE DR.
108
KEY BISCAVNE, FL 33149 US

Name and Address of New Registered Agent:

LEON, ALFRED
265 GRAPE TREE DR.
108
KEY BISCAVNE, FL 33149 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: ALFRED LEON

01/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOSE, OTEYZA
Address: AVE. PRINCIPAL SANTA EDUVIGES
City-St-Zip: CARACAS, MI VENEZUELA CH

Title: MGR () Delete
Name: LEON, ALFRED SR.
Address: 265 GRAPE TREE DR. # 108
City-St-Zip: KEY BISCAVNE, FL 33149 FL

ADDITIONS/CHANGES:

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

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: ALFRED LEON

MGR

01/28/2009

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