

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000031352

1. Entity Name
KC 804 LLC



Principal Place of Business

**999 BRICKELL AVE
SUITE 403
MIAMI, FL 33131**

Mailing Address

**640 DESTACADA AVE.
CORAL GABLES, FL 33156**



02072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-7687488

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOACHIM HAUBOLD LIVING TRUST U/A/D 7/24/02
STREET ADDRESS	999 BRICKELL AVE., SUITE 403
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
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000000633498
02/21/07-80063-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____

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

JOACHIM HAUBOLD

2/7/07

Date

786 351 4787

Daytime Phone #