


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000032426 1. Entity Name KBK, LLC	
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Principal Place of Business 817 S UNIVERSITY DR 100 PLANTATION, FL 33324	Mailing Address 817 S UNIVERSITY DR 100 PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0190462	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOPPEL, WAYNE 817 S UNIVERSITY DR 100 PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

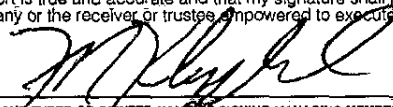
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOPPEL, WAYNE 817 S UNIVERSITY DR, #100 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATES, DOUGLAS 817 S UNIVERSITY DR PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KLASFELD, MARVIN 817 S UNIVERSITY DR PLANTATION, FL 33324
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN0000230365
02/15/05-80040-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> MARVIN KLASFELD	Date 2/10/05	Daytime Phone # 954-476-6700
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