


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90153 010 ****50.00

DOCUMENT # L03000033384 1. Entity Name K.G. REAL ESTATE, LLC					
Principal Place of Business 3964 N TANNER ROAD ORLANDO, FL 32826			Mailing Address 3964 N TANNER ROAD ORLANDO, FL 32826		
2. Principal Place of Business - No P.O. Box # 630 N Maitland Ave		3. Mailing Address 630 N Maitland Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03102007 Chg-LLC CR2E083 (12/06)	
City & State Maitland FL		City & State Maitland FL		4. FEI Number 20-0237676	
Zip 32751		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GEIB, RHONDA 630 N. MAITLAND AVE MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Rhonda Geib</i></u> <u><i>Bei Jing Geib</i></u> <u><i>3/13/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEIB, RHONDA 630 N. MAITLAND AVE. MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Rhonda Geib</i></u> <u><i>Bei Jing Geib</i></u> <u><i>3/13/07</i></u> <u><i>407 539 2489</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					