

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jun 28, 2007 8:00 am  
Secretary of State**

06-28-2007 90061 020 \*\*\*\*50.00

40166100



04202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000034217				
1. Entity Name KOGER FAMILY MANAGEMENT, LLC				
Principal Place of Business 140 GULFSTREAM DRIVE TEQUESTA, FL 33469		Mailing Address 140 GULFSTREAM DRIVE TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		4. FEI Number NOT APPLICABLE		
SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING, STE. 102 PALM BEACH GARDENS, FL 33410		Applied For Not Applicable		
5. Certificate of Status Desired		\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING, STE. 102 PALM BEACH GARDENS, FL 33410		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City <b>FL</b> Zip Code		
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.				
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</p> <p><b>Filing Fee is \$50.00 Due by May 1, 2007</b></p> <p><b>Make check payable to Florida Department of State</b></p>				
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOGER, KIM E MD 140 GULFSTREAM DRIVE TEQUESTA, FL 33469	<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"/> 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"/> 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"/> Delete	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"/> Delete	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.	<p><i>LL</i></p> <p>4/29/07</p>			
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____
				Daytime Phone # _____