


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

150

DOCUMENT # L03000042124		
1. Entity Name KADE INVESTMENT, LLC		

Principal Place of Business 1110 SOUTH FLAMINGO ROAD DAVIE, FL 33332	Mailing Address 7027 WEST BROWARD BOULEVARD, SUITE 205 PLANTATION, FL 33317
--	---

2. Principal Place of Business		3. Mailing Address <i>1110 S FLAMINGO Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>DAVIE, FL</i>	
Zip	Country	Zip <i>33332</i>	Country <i>BROWARD</i>

FILED
06 APR 19 AM 8:40
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



03022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1702364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CLINE, HARRY S 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEHBY, JEREMY 7027 WEST BROWARD BOULEVARD, SUITE 205 PLANTATION, FL 33317 <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	MGRM WEHBY, JENON F 7027 WEST BROWARD BOULEVARD, SUITE 205 PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8/4/21</i> <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	500072696865 04/28/06--01003--019 **300.00 <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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date _____ Daytime Phone # _____