

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000043493

1. Entity Name
KADOR, LLC



Principal Place of Business
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401

Mailing Address
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0081651	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

KATZ, MARTIN V
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KATZ, MARTIN V
STREET ADDRESS	625 N. FLAGLER DRIVE, 9TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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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: _____

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

MARTIN V. KATZ
MANAGING MEMBER

Date

Daytime Phone #

1/4/05 561-822-0310