## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DOCUMENT # L03000043493

1. Entity Name KADOR, LLC

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Mailing Address

DO NOT WRITE IN THIS SPACE

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

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

## **FILED** Jan 12, 2006 8:00 am Secretary of State

01-12-2006 90037 025 \*\*\*\*50.00

20000426



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0081651

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, MARTIN V 625 N. FLAGLER DRIVE, 9TH FLOOR

## DO NOT WRITE

WEST PALM BEACH, FL 33401			IN THIS SPACE		
	named entity submits this statement for the purpose of char- tions of registered agent.	nging its registere	d office or registered agent, or both, in the State	e of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printeg name of registered agent and title if applicable.	(NOTE: Registered	I Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			<del></del>	
NAME STREET ADDRESS CHY-ST-ZIP	MGRM KATZ, MARTIN V 625 N. FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	• =	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	
THILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature subjility company or the receiver or trustee employered to exe	shall prave the sar	ne legal effect as if made under oath; that I an	atutes. I further certify that the information in a managing member or manager of the	

MARTIN V.KATZ

G MEMBER, OR AUTHORIZED REPRESENTATIVE