

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051676

1. Entity Name

K & D GULF PROPERTIES, LLC



Principal Place of Business

133 PEMBROKE DRIVE
PALM BEACH GARDENS, FL 33418 US

Mailing Address

133 PEMBROKE DRIVE
PALM BEACH GARDENS, FL 33418 US



04282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0854851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, CLAIRE
133 PEMBROKE DR
PALM BEACH GARDENS, FL 33418

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DUNN, ANDREW
4 VAIL LANE
FLEMINGTON, NJ 08822

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DUNN, MICHAEL R
122 MADISON STREET
HOBOKEN, NJ 07030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KAPLUS, LEILA R
8 THISTLE LANE
WARREN, NJ 07059

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KAPLUS, JARETT R
8 THISTLE LANE
WARREN, NJ 07059

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000358674
05/04/05-80125-002 50.00

**DO NOT WRITE
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)(f), 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

4/27/05

Date

201-315-7883

Daytime Phone #