

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000057372

1. Entity Name
KB2 LEASING LLC



Principal Place of Business
**350 N PINE ISLAND ROAD
PLANTATION, FL 33324 US**

Mailing Address
**350 N PINE ISLAND ROAD
PLANTATION, FL 33324 US**



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0600478

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
1 S.E 3RD AVE
28TH FLOOR
MIAMI, FL 33131**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAYLIS, ROBERT PARTNR
STREET ADDRESS	736 INTERCOASTAL DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGR
NAME	BROWN, CHRISTOPHER PARTNR
STREET ADDRESS	5931 BAYVIEW DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGR
NAME	KELMAN, GARY PARTNR
STREET ADDRESS	3906 OSPREY COURT
CITY-ST-ZIP	WESTON, FL 33331
TITLE	MGR
NAME	KLEIMAN, RICHARD PARTNR
STREET ADDRESS	7440 NE 127 TERRACE
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000657369
03/14/07-80062-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Robert Baylis

3/2/07 (951) 776-8800

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

Date

Daytime Phone #