## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000000139

C. KIESS PFLEEGOR, L.L.C.



Principal Place of Business

15184 EAST LOCH ISLE DRIVE MIAMI LAKES, FL 33014-2085 Mailing Address

15184 EAST LOCH ISLE DRIVE MIAMI LAKES, FL 33014-2085

## **FILED** Jan 12, 2006 08:00 AM Secretary of State



01062006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	83-0381862

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PFLEEGOR, C.KIESS 15184 EAST LOCH ISLE DRIVE MIAMI LAKES. FL 33014-2085

limited liability company or the

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

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2006

98-7669

Daylime Phone II

1411/1411 B 11/L 0, 1 L 000 14 2000		IN	IN THIS SPACE	
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	ith, in the State of Florida. I am familiar with and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and fille if applicable	(NOTE Registered Agent signature required when reinstating)	ΩA*E	
F/ D	iling Fee is \$50.00 ue by May 1, 2006		**************************************	
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PFLEEGOR, C. KIESS 15184 EAST LOCH ISLE DRIVE MIAMI LAKES, FL 330142085		######################################	
TITLE MAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lie	certify that the information supplied with this filing does not don this report is true and accurate and that my signature ability company or the repeiver or trustee empowered to ex-	qualify for the exemptions contained in Chapter 1 shall have the same legal effect as if made under of ecute this report as required by Chapter 608, Floris	19, Florida Statutes. I further certify that the information bath, that I am a managing member or manager of the da Statutes	

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE