


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90118 041 ****50.00

DOCUMENT # L04000009308	
1. Entity Name KBA REALTY LLC	

Principal Place of Business 1809 COLONIAL DR FORT MYERS, FL 33907	Mailing Address 1809 COLONIAL DR FORT MYERS, FL 33907
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2. Principal Place of Business 1436 Royal Palm Sq Blvd Suite, Apt. #, etc.	3. Mailing Address 1436 Royal Palm Sq Blvd Suite, Apt. #, etc.
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City & State Ft Myers FL	City & State Ft Myers FL
Zip 33919	Country USA



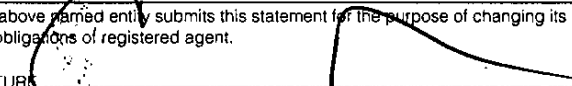
04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 200682222	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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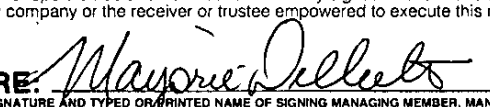
6. Name and Address of Current Registered Agent DELLUTRI, CARMEN ESQ 1809 COLONIAL DR FORT MYERS, FL 33907	
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7. Name and Address of New Registered Agent Name CARMEN Dellutri Esq Street Address (P.O. Box Number is Not Acceptable) 1436 Royal Palm Square Blvd City Ft Myers FL Zip 33919	
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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 	DATE 4/27/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Carmen Dellutri 1436 Royal Palm Sq Blvd Ft Myers FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 4/27/05 Daytime Phone # 2399370900