2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000023196

1. Entity Name
KAFRE HOLDINGS, LLC

Principal Place of Business	Mailing Address
2550 NE 15TH AVENUE FORT LAUDERDALE, FL 33305	2550 NE 15TH AVENUE FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1261846
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEISS, SCOTT A
2550 NE 15TH AVENUE
FORT LAUDERDALE, FL 33305

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000775752
01/08/08-80041-025 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WEISS, FREDRIC E
STREET ADDRESS	2550 NE 15TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	MGR
NAME	WEISS, KATHY
STREET ADDRESS	2550 NE 15TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	MGRM
NAME	WEISS, SCOTT A
STREET ADDRESS	2550 NE 15TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	MGR
NAME	WEISS, MARCI
STREET ADDRESS	2550 NE 15TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Scott A. Weiss, MGRM 1/3/08 954-567-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #