

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038635

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE KIMBALL GROUP, LLC

Current Principal Place of Business:

14707 SOUTH DIXIE HIGHWAY
203
PALMETTO BAY, FL 331767950

New Principal Place of Business:

Current Mailing Address:

14707 SOUTH DIXIE HIGHWAY
203
PALMETTO BAY, FL 331767950

New Mailing Address:

FEI Number: 42-6130985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALOMON HAZDAY, JR., P.A.
2655 LEJEUNE ROAD
PENHOUSE 2
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ESTOPINAN, PAUL A
Address: 6790 SW 67 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGR () Delete
Name: VILOMAR, GUSTAVO E
Address: 14707 SOUTH DIXIE HIGHWAY, SUITE 203
City-St-Zip: PALMETTO BAY, FL 331767950

Title: MGR () Delete
Name: COLLADA, FRANCISCO R
Address: 13204 SW 2ND LANE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUSTAVO E. VILOMAR

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date