

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057048 1. Entity Name KS PASCO ENTERPRISES, LLC	
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Principal Place of Business 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406	Mailing Address 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406
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01132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1415158	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SOLOMON, DENNIS M
% MEYER JABARA HOTELS
1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRATZ, JAIME 3728 MULLENHURST DRIVE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRATZ, JANE L 3728 MULLENHURST DRIVE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOMON, ELIZABETH S 217 OLD MEADOW WAY PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOMON, DENNIS M 217 OLD MEADOW WAY PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/02/06-80020-003 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 603, Florida Statutes.

SIGNATURE: Dennis M. Solomon
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(561) 689-6602
2-16-06
Date Daytime Phone #