


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

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|---|--|
| 4. FEI Number 20-1415158 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 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 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/21/07-80056-003 50.00

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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 Dennis M. Solomon 2/7/07 561-687-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #