

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000058989

1. Entity Name
KESTENBAUM INVESTMENTS LLC



Principal Place of Business
**4101 PINETREE DRIVE
APT. #303
MIAMI BEACH, FL 33140**

Mailing Address
**4101 PINETREE DRIVE
APT. #303
MIAMI BEACH, FL 33140**



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1486066

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FITZGERALD, SAMANTHA ESQ.
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000607339
01/31/07-80031-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KELLER, BETTY
STREET ADDRESS	27 DARBY ROAD
CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
TITLE	MGRM
NAME	ESTREICHER, SHELDON
STREET ADDRESS	2560 FAIR AVENUE
CITY-ST-ZIP	COLUMBUS, OH 43209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 606, Florida Statutes.

SIGNATURE: *Sheldon Estreicher* **SHELDON ESTREICHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/24/07 **(614) 888-4835**

Date

Daytime Phone #