

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067420

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: KAMBERG & ASSOCIATES, LLC

**Current Principal Place of Business:**

3451 SOUTHEAST COUNTY ROAD 760  
ARCADIA, FL 34266

**New Principal Place of Business:**

2038 SE PIGGYBACK RD  
ARCADIA, FL 34266

**Current Mailing Address:**

3451 SOUTHEAST COUNTY ROAD 760  
ARCADIA, FL 34266

**New Mailing Address:**

2038 SE PIGGYBACK RD  
ARCADIA, FL 34266

FEI Number: 51-0525107      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CAROTHERS, BARRY D  
4400 PGA BOULEVARD  
SUITE 800  
PALM BEACH GARDENS, FL 33410 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: MGRM ( ) Delete  
Name: KAMBERG, CHRISTOPHER T  
Address: 3451 SOUTHEAST COUNTY ROAD 760  
City-St-Zip: ARCADIA, FL 34266 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KAMBERG, CHRISTOPHER T  
Address: 2038 SE PIGGYBACK RD.  
City-St-Zip: ARCADIA, FL 34266 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER T KAMBERG

MGRM

06/29/2005

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