## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 05, 2007 08:00 AM **Secretary of State**

|  | DOCUN | <b>JENT</b> | #L | .0400 | 200 | 69038 |
|--|-------|-------------|----|-------|-----|-------|
|--|-------|-------------|----|-------|-----|-------|

1. Entity Name K'BANA, L.L.C.



Principal Place of Business

13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418 Malling Address

13700 BLUE FOX PLACE

PALM BEACH GARDENS, FL. 33418



## DO NOT WRITE IN THIS SPACE

01192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1648895

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

TAUBE, DEBORAH 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418

## DO NOT WRITE IN THIS SPACE

| <ol><li>The above named entity submits this statement for the purpose of chan<br/>the obligations of registered agent.</li></ol> | nging its registered office or registered agent, or both. in | the State of Florida. I am familiar with, and accept |
|--|--|--|
| 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<br>Due by May 1, 2007  |  |  |

9. MANAGING MEMBERS/MANAGERS TIME TAUBE, DEBORAH NAME 13700 BLUE FOX PLACE STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP TITLE TAUBE, JAMES K! NAME STREET ADDRESS 13700 BLUE FOX PLACE CITY-ST-21P PALM BEACH GARDENS, FL 33418 TITLE NAME

U00000621567 02/12/07-80022-005 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 808, Florida Statutes.

| SIC | ìN. | ΔΤΙ | IR | F٠ |
|-----|-----|-----|----|----|

STREET ADDRESS

CITY-ST-70

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

2.1.07

EXMATURE AND TYPED OR PRINTED NAME OF SHORING MANAGING HEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #