

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085548

Entity Name: KGZ, L.L.C.

FILED  
Mar 30, 2005  
Secretary of State

**Current Principal Place of Business:**

PO BOX 824471  
PEMBROKE PINES, FL 33082

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 824471  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SANDRA DUCHEINE-BAKER, ESQ.  
3868 SHERIDAN STREET  
HOLLYWOOD, FL 33021 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: MARTINEZ, KERN Y  
Address: PO BOX 824471  
City-St-Zip: PEMBROKE PINES, FL 33082

Title: MGR ( ) Delete  
Name: MARTINEZ, GLORIA R  
Address: PO BOX 824471  
City-St-Zip: PEMBROKE PINES, FL 33082

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GLORIA R. MARTINEZ

MGR

03/30/2005

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