2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L05000001517

Entity Name: KESNER, LLC

Current Principal Place of Business:

9509 HARDING AVENUE
SURFSIDE, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

9509 HARDING AVENUE
SURFSIDE, FL 33154 US

New Mailing Address:

FEI Number: 20-2160193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JOSE
2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

SMITH, JOSE
9509 HARDING AVENUE
SURFSIDE, FL 33154 US

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: JOSE SMITH 02/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BIGELMAN, ANITA
Address: 9509 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

Title: MGR ( ) Delete
Name: SMITH, SARA
Address: 9509 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

Title: MGR ( ) Delete
Name: WASERSTEIN, MARTA
Address: 9509 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: ANITA BIGELMAN MGR 02/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date