

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90093 029 \*\*\*\*50.00

**DOCUMENT #** L05000005883

1. Entity Name

**THE SISTERS, LLC**

**DO NOT WRITE IN THIS SPACE**

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✓ 20049103

2. Principal Place of Business <b>6115 nw 123RD LN</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CORAL SPRINGS, FL</b>	City & State
Zip <b>33076</b>	Country

4. FEI Number <b>20-2184155</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Greenberg, Carole</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6115 NW 123rd Lane</b>	
City <b>Coral Springs</b>	Zip Code <b>FL 33076</b>

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 <i>Carole Greenberg</i>	<b>Carole Greenberg</b>	<b>7/5/2006</b>
Signature, typed or printed name of registered agent and title if applicable.		DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Kalman, Robert 6250 NW 120th Drive Coral Springs, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Greenberg, David 6115 NW 123rd Lane Coral Springs, FL 33076</b>
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Robert Kalman</i>	<b>Robert Kalman</b>	<b>7/5/2006</b>	<b>561-483-6888</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E 083B (12/02)

ATTACHMENT

20049103

#05800005883

11419 Little Bear Way  
Boca Raton, FL 33428  
561-483-6888 Tele.  
561-483-0054 Fax

SKS and Associates

July 5, 2006

To: Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual Report Notices

To Whom It May Concern:

Enclosed, please find a UBR for **The Sisters, LLC** and we have enclosed a check in the amount of **\$50**. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May 1.

**Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.**

Respectfully submitted,

*SKS and Associates / KB*

SKS and Associates

SKS/kb

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