

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000008158

1. Entity Name  
KT ASSOCIATES OF FLORIDA, LLC



Principal Place of Business  
107 VICTORIA BAY COURT  
PALM BEACH GARDENS, FL 33418

Mailing Address  
107 VICTORIA BAY COURT  
PALM BEACH GARDENS, FL 33418



05042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-2073484

Applied For  
Not Applicable

5. Contribution of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KRIM, RICHARD A  
107 VICTORIA BAY COURT  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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

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  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME KRIM, RICHARD A  
STREET ADDRESS 107 VICTORIA BAY COURT  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE MGR  
NAME KRIM, SCOTT A  
STREET ADDRESS 107 VICTORIA BAY COURT  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE MGR  
NAME TSAIRIS, PETER  
STREET ADDRESS 107 VICTORIA BAY COURT  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

000000765387  
06/01/07-80003-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #