

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90020 011 ****55.00

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DOCUMENT # L05000012053					
1. Entity Name K B REALTORS, LLC					
Principal Place of Business 325 NW SOUTH RIVER DRIVE MIAMI, FL 33128			Mailing Address 11930 SW 132 AVENUE MIAMI, FL 33186		
2. Principal Place of Business Kb REALTORS LLC		3. Mailing Address 325 NW SOUTH RIVER DRIVE		Suite, Apt. #, etc.	
City & State Miami, FL		City & State 33128		01272006 Chg-LLC CR2E083 (11/05)	
Zip 33128		Country US		4. FEI Number 050616993	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MERY LOPEZ, P.A. 830 EAST 1 AVENUE HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name: JANET CURBELO Street Address (P.O. Box Number is Not Acceptable): 325 NW SOUTH RIVER DRIVE City: Miami FL Zip Code: 33128		
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: JANET CURBELO <i>Janet Curbelo</i> 1/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: CAJAVARVILLE, MANUEL A STREET ADDRESS: 11930 SW 132 AVENUE CITY-ST-ZIP: MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE: MGR NAME: CURBELO, JANET STREET ADDRESS: 325 NW SOUTH RIVER DRIVE CITY-ST-ZIP: MIAMI, FL 33128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGRM NAME: BASSAS, ENRIQUE STREET ADDRESS: 420 NW 132 AVENUE CITY-ST-ZIP: MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: JANET CURBELO <i>Janet Curbelo</i>			1/28/06 305-324-8382		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		