2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L05000020391

CITY-ST-ZIP

KEL RAN SUE REAL ESTATE INVESTORS LLC



FILED

Feb 19, 2007 8:00 am

Secretary of State

02-19-2007 90201 018 ****50.00

Principal Place of Business Mailing Address 4814 GATEWAY GARDENS DRIVE BOYNTON BEACH FL 33436 4814 GATEWAY GARDENS DRIVE **BOYNTON BEACH FL 33436** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For Ġ, 51-0562955 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRENN, BURTON E Street Address (P.O. Box Number is Not Acceptable) 4814 GATEWAY GARDENS DRIVE BOYNTON BEACH FL 33436 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2007 .9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR. THIE HILLE MUH BREWM, BYRENE BRENN BURTO ☐ Addition BURTON E BRENN NAME NAME 4814 GATEWAY GARDENS DA BOYNTON BEACH FL. 33436 STREET ADDRESS 4814 GATEWAY GARDENS DR. STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33436 CITY-ST-7IP RILLE MGRM THE GRM ANDREA I BRENN ☐ Addition BRENN, ANDREW J ANDRE A NAME NAM BOYNTON STANCA FC. 33436 STREET ADDRESS 4814 GATEWAY GARDENS DR. STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE ЩЦ ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP HILLE ☐ Delete DHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ш Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP HILE ☐ Delete HTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the fimited liability company or the focuser or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

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