


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000020391</b>	
1. Entity Name <b>KEL RAN SUE REAL ESTATE INVESTORS LLC</b>	

Principal Place of Business <b>4814 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436</b>	Mailing Address <b>4814 GATEWAY GARDENS DRIVE BOYNTON BEACH, FL 33436</b>
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>51-0562955</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BRENN, BURTON E  
4814 GATEWAY GARDENS DRIVE  
BOYNTON BEACH, FL 33436**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000873287  
04/15/08-80015-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENN, BURTON E 4814 GATEWAY GARDENS DR. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENN, ANDREA J 4814 GATEWAY GARDENS DR. BOYNTON BEACH, FL 33436
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**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:**  **4-15-08** **5613294150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #