

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-03-2006 90040 029 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000034585 1. Entity Name KBA PROPERTIES, LLC																													
Principal Place of Business 1600 S.E. 17TH STREET, SUITE 405 FORT LAUDERDALE FL 33316				Mailing Address 1600 S.E. 17TH STREET, SUITE 405 FORT LAUDERDALE FL 33316																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 51-0541744				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BOSSHARDT, KURT E 1600 S.E. 17TH STREET, SUITE 405 FORT LAUDERDALE FL 33316																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 registering) <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOSSHARDT, KURT E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1600 S.E. 17TH STREET, SUITE 405</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT LAUDERDALE FL 33316</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	BOSSHARDT, KURT E		STREET ADDRESS	1600 S.E. 17TH STREET, SUITE 405		CITY - ST - ZIP	FORT LAUDERDALE FL 33316		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 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:				4/23/06 9547647772																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													