

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90318 001 \*\*\*\*50.00

**DOCUMENT # L05000077749**

1. Entity Name\*

ALLEN KONRAD PRIVATE EQUITY INVESTORS LLC



Principal Place of Business

1877 S. FEDERAL HIGHWAY  
SUITE 1  
BOCA RATON FL 33432

Mailing Address

1877 S. FEDERAL HIGHWAY  
SUITE 1  
BOCA RATON FL 33432

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3272838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, TIMOTHY L  
1877 S. FEDERAL HWY  
SUITE 1  
BOCA RATON FL 33432

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

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

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
MGR	ALLEN KONRAD PRIVATE EQUITY MANAGEMENT COR	1877 S. FEDERAL HIGHWAY	BOCA RATON FL 33432	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1877 S. FEDERAL HWY	SUITE 101	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**

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

4/23/07

Date

561.347.7292

Daytime Phone #