

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097313

FILED
Mar 05, 2007
Secretary of State

Entity Name: KAUFMAN BROTHERS, LLC

Current Principal Place of Business:

505 NORTH MAIN STREET
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

505 NORTH MAIN STREET
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 13-4312178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMAN, FREDERIC D
505 NORTH MAIN STREET
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAUFMAN, FREDERIC D
Address: 505 NORTH MAIN STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGRM () Delete
Name: KAUFMAN, VICTOR M
Address: 633 MASSACHUSETTS AVENUE
City-St-Zip: LEXINGTON, MA 02420

Title: MGRM () Delete
Name: KAUFMAN, CHARLES A
Address: 114 FAIRWAY DRIVE
City-St-Zip: BLACK MOUNTAIN, NC 28711

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KAUFMAN, VICTOR M
Address: 65279;642 HAMMOND STREET
City-St-Zip: 65279;BROOKLINE, MA 02467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREDERIC D. KAUFMAN

MGR

03/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date