

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

DOCUMENT # L06000052968

1. Entity Name

KALEB PROPERTIES GROUP, LLC



FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE



Principal Place of Business	Mailing Address
121 NORTH COLLINS STREET SUITE 202 PLANT CITY FL 33563	PO BOX 1176 PLANT CITY FL 33564-1176

2. Principal Place of Business - No P.O. Box # <i>4633 Castlewood Rd</i>	3. Mailing Address <i>4633 Castlewood Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Seffner, FL</i>	City & State <i>Seffner, FL</i>
Zip <i>33584</i>	Country <i>USA</i>
Zip <i>33584</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONNELL, BRIAN L 4633 CASTLEWOOD ROAD SEFFNER FL 33584	
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 revising)

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	MGR CONNELL, BRIAN 121 NORTH COLLINS STREET SUITE 202 PLANT CITY FL 33563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1000096806861 04/16/07--01012--002 \$432.50</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brian Connell*

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

Date

(813) 759-6510

Daytime Phone #