

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000052968

1. Entity Name

KALEB PROPERTIES GROUP, LLC



FILED

2007 APR 17 AM 10:04



1st MOORE CR2E083 (10/06)

Principal Place of Business

121 NORTH COLLINS STREET SUITE 202
PLANT CITY FL 33563

Mailing Address

PO BOX 1176
PLANT CITY FL 33564-1176

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

4633 Castlewood Rd
Suite, Apt. #, etc.

3. Mailing Address

4633 Castlewood Rd
Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Seffner, FL

Zip

33584 Country USA

Zip

33584 Country USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNELL, BRIAN L
4633 CASTLEWOOD ROAD
SEFFNER FL 33584

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: CONNELL, BRIAN
STREET ADDRESS: 121 NORTH COLLINS STREET SUITE 202
CITY-STATE-ZIP: PLANT CITY FL 33563

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: 100096806861
STREET ADDRESS: 04/16/07--01012--002 **392.50
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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

Date

Daytime Phone #

(813) 759-6510