

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

3/2

03-29-2007 90177 034 ****50.00

DOCUMENT # L06000064673 1. Entity Name KEGY AND ASSOCIATES, L.L.C.					
Principal Place of Business 1290 EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334			Mailing Address 1290 EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5119881				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONARD, C. GLENN 1995 EAST OAKLAND PARK BOULEVARD, STE 105 FORT LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name GARY H. KAPLAN Street Address (P.O. Box Number is Not Acceptable) 4306 N.W. 65 AVENUE City CORAL SPRINGS FL Zip Code 33067		
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 <small>Signature of Registered Agent (Required when changing registered office or registered agent, or both, in the State of Florida)</small>			GARY KAPLAN <small>(NOTE: Registered Agent signature required when registering)</small>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, GARY H 4306 NW 65 AVENUE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBERTI, JOSEPH S 29 VIA LAGO BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EIKEVIK, STEVAN 1290 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAMBOR, CHRISTOPHER A 1180 SW 1ST TERRACE POMPAHO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 Chapter 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			JOSEPH S. GILIBERTI <small>Date</small>		
3-27-07 954-771-5700			3-27-07 954-771-5700		