

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065325

Entity Name: KOLBEN FAMILY, LLC

FILED  
Jan 18, 2007  
Secretary of State

**Current Principal Place of Business:**

7671 LAKESIDE BLVD., G 16-4  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

7671 LAKESIDE BLVD., G 16-4  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINAGRA, FRANK J ESQ  
ONE FINANCIAL PLAZA, SUITE 1900  
FORT LAUDERDALE, FL 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: P ( ) Delete  
Name: KOLBEN, PETER M  
Address: 7671 LAKESIDE BLVD., G 16-4  
City-St-Zip: BOCA RATON, FL 33434

Title: ST ( ) Delete  
Name: KOLBEN, SUSAN G  
Address: 7671 LAKESIDE BLVD., G 16-4  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES:**

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

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: PETER KOLBEN

P

01/18/2007

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