


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000081459

1. Entity Name
KULCHA GROUP, LLC



Principal Place of Business 20021 SW 111 AVENUE MIAMI, FL 33189	Mailing Address 20021 SW 111 AVENUE MIAMI, FL 33189
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 52-5422886	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

LAWRENCE, BRIAN
 20021 SW 111 AVENUE
 MIAMI, FL 33189

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

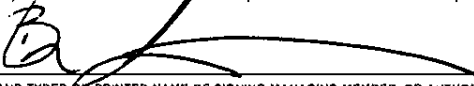
000000859063
 04/02/08-80004-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, MARIA J 20021 SW 111 AVENUE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALFALL, ALVIN M 20021 SW 111 AVENUE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWRENCE, BRIAN P 20021 SW 111 AVENUE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWRENCE, BRIAN P JR 20021 SW 111 AVENUE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3-6-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #