

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90028 047 ****50.00

DOCUMENT # L06000091952

1. Entity Name
KINETIC REALTY GROUP LLC



Principal Place of Business
**1050 NW 2ND STREET
GAINESVILLE, FL 32601**

Mailing Address
**1050 NW 2ND STREET
GAINESVILLE, FL 32601**

20000928



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5572063** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KIESZEK, ANDREW J
6723 SW 78TH STREET
GAINESVILLE, FL 32608**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM** ☐ Delete
NAME **KIESZEK, ANDREW J**
STREET ADDRESS **6723 SW 78TH STREET**
CITY - ST - ZIP **GAINESVILLE, FL 32608**

TITLE
NAME **MGRM** ☐ Delete
NAME **KIESZEK, DEREK J**
STREET ADDRESS **125 NW 147TH WAY APT #211**
CITY - ST - ZIP **NEWBERRY, FL 32669**

TITLE
NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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: Andrew J. Kieszek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/10/07 352-337-9600
Date Daytime Phone #