2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# L06000095480

Entity Name: THE KLOZUR GROUP, LLC

Current Principal Place of Business:

10021 PINES BOULEVARD
201
PEMBROKE PINES, FL 33024

New Principal Place of Business:

1061 W OAKLAND PARK BLVD
2ND FLOOR
WILTON MANORS, FL 33311

Current Mailing Address:

10021 PINES BOULEVARD
201
PEMBROKE PINES, FL 33024

New Mailing Address:

P.O. BOX 841201
PEMBROKE PINES, FL 33084

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

50 STATE LIMITED LIABILITY COMPANY
10021 PINES BOULEVARD
201
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

D.A.D.E. REAL ESTATE TRUST
1061 W OAKLAND PARK BLVD
2ND FLOOR
WILTON MANORS, FL 33311 US

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: DLB 05/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: 50 STATE LIMITED LIA, BILITY COMPANY
Address: 10021 PINES BOULEVARD #201
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: D.A.D.E. REAL ESTATE, TRUST
Address: 1061 W OAKLAND PARK BLVD
City-St-Zip: WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify 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: DLB MGR 05/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date