

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 MAR 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5768700 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SALOMON HAZDAY, JR., P.A.
2655 LE JEUNE ROAD, PENTHOUSE 2A
CORAL GABLES, FL 33134

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THE KIMBALL GROUP, LLC	
STREET ADDRESS	13943 SW 119 AVENUE	
CITY-ST-ZIP	MIAMI, FL 331866202	
TITLE	MEMB	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, EUGENE	
STREET ADDRESS	7803 NW 165 STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	MEMB	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, HECTOR	
STREET ADDRESS	14210 NW 88 PLACE	
CITY-ST-ZIP	MIAMI, FL 33018	
TITLE	MEMB	<input checked="" type="checkbox"/> Delete
NAME	ALBELO, JUAN	
STREET ADDRESS	9400 SW 110 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	MEMB	<input checked="" type="checkbox"/> Delete
NAME	ARMAS, EUGENE	
STREET ADDRESS	14500 LAKE CANDLEWOOD COURT	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	MEMB	<input checked="" type="checkbox"/> Delete
NAME	FERRER CONSTRUCTION, LLC	
STREET ADDRESS	265 SOUTHFIELD COURT	
CITY-ST-ZIP	BONAIRE, GA 31005	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800095245808
STREET ADDRESS	03/29/07--01050--008 **50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/15/07 (305) 254-3100
Date Daytime Phone #