

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108639

Entity Name: KCT OF SARASOTA, LLC

FILED
Feb 14, 2007
Secretary of State

Current Principal Place of Business:

4050 MIDDLE AVENUE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

4050 MIDDLE AVENUE
SARASOTA, FL 34234

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:

LEVIN, JEROME S
1680 FRUITVILLE ROAD, SUITE 102
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

KLEIN, GABRIEL
4050 MIDDLE AVENUE
SARASOTA, FL 34234 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: GABRIEL KLEIN

02/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KLEIN, GABRIEL
Address: 4050 MIDDLE AVENUE
City-St-Zip: SARASOTA, FL 34234

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: TANNOUS, ELIAS
Address: 4050 MIDDLE AVENUE
City-St-Zip: SARASOTA, FL 34234

Title: MGR () Change (X) Addition
Name: COHEN, EYAL
Address: 4050 MIDDLE AVENUE
City-St-Zip: SARASOTA, FL 34234

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: GABRIEL KLEIN TANNOUS ELIAS COHEN EYAL

MGR

02/14/2007

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