

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127193

Entity Name: KBS STRATEGIES GROUP, LLC

FILED  
Feb 17, 2009  
Secretary of State

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BLVD STE 2500  
MIAMI, FL 331315340

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTH BISCAYNE BLVD STE 2500  
MIAMI, FL 331315340

**New Mailing Address:**

FEI Number: 68-0668596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVID W TRENCH PA  
200 SOUTH BISCAYNE BLVD STE 2500  
MIAMI, FL 331315340 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BILZIN SUMBERG BAENA, PRICE & AXELR O D LLP  
Address: 200 SOUTH BISCAYNE BLVD, SUITE 2500  
City-St-Zip: MIAMI, FL 33012

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BILZIN SUMBERG BAENA, PRICE & AXELR O D LLP  
Address: 200 SOUTH BISCAYNE BLVD, SUITE 2500  
City-St-Zip: MIAMI, FL 331315340

Title: PRES ( ) Change (X) Addition  
Name: WEBER, MICHELLE R PRES  
Address: 200 S. BISCAYNE BLVD. SUITE 2500  
City-St-Zip: MIAMI, FL 331315340

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: MICHELLE R WEBER

PRES

02/17/2009

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