

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L94000000628

1. Entity Name

KB SOUTH, L.C. _____



Principal Place of Business

12095 NW 39TH ST.
CORAL SPRINGS, FL 33065

Mailing Address

12095 NW 39TH ST.
CORAL SPRINGS, FL 33065



01102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0538303

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNAUER, GILBERT
12085-12095 N.W. 39TH ST.
CORAL SPRINGS, FL 33065

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IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000182242
01/19/05-80019-012 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KNAUER, GILBERT
STREET ADDRESS	16470 MADDALENA PL
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MEM
NAME	BUELLER, ALAN
STREET ADDRESS	6544 N.W. 39TH TERR.
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MEM
NAME	NEIDER, MICHAEL
STREET ADDRESS	6434 N.W. 31ST WAY
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #