

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 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



01042008No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KNAUER, GILBERT
STREET ADDRESS	16470 MADDALENA PL
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MGR
NAME	BUELLER, ALAN
STREET ADDRESS	6544 N.W. 39TH TERR.
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MGR
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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01/18/08-80017-025 143.75

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Gilbert Knauer
Gilbert Knauer
Managing Member
1/8/08
954-346-4900