

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000628

Entity Name: KB SOUTH, L.C.

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

12095 NW 39TH ST.  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

12095 NW 39TH ST.  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 65-0538303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KNAUER, GILBERT  
12085-12095 N.W. 39TH ST.  
CORAL SPRINGS, FL 33065 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: MGR ( ) Delete  
Name: KNAUER, GILBERT  
Address: 16470 MADDALENA PL  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR ( ) Delete  
Name: BUELLER, ALAN,  
Address: 6544 N.W. 39TH TERR.  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete  
Name: NEIDER, MICHAEL,  
Address: 6434 N.W. 31ST WAY  
City-St-Zip: BOCA RATON, FL 33496

## ADDITIONS/CHANGES:

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

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

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

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: GILBERT KNAUER

MGR

03/12/2009

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