


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000000629**

1. Entity Name  
**KAG MANAGEMENT & TRADE, L.C.**



Principal Place of Business Mailing Address

513 U.S. HIGHWAY ONE, SUITE 209 513 U.S. HIGHWAY ONE, SUITE 209  
 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**



03082005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3472108</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NEWTORK, INC.  
 11380 PROSPERITY FARMS ROAD, SUITE 221-E  
 PALM BEACH GARDENS, FL 33410

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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 Rebecca Anderson, Rebecca L. Anderson, Asst. Secretary 3/14/05  
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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KADJI, GILBERT 725 N. ALTERNATE A1A, SUITE E-205 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KADJI, ANNIE 725 N. ALTERNATE A1A, SUITE E-205 JUPITER, FL 33477
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100000273501  
 03/23/05-80031-009 50.00

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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: Rebecca Anderson, Asst. Secretary 3/14/05 (561) 694-8107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #