


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000000506 1. Entity Name KIBOKI, LLC	
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Principal Place of Business 1000 NUS HIGHWAY JAMAICA 104 JUPITER FL 33477	Mailing Address 844 BROOKSIDE RD POTTSTOWN PA 19464
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DO NOT WRITE IN THIS SPACE



02032005No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0832321 Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent
POMERANTZ, STEVEN A 6020 NW 67TH CT PARKLAND, FL 33067

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, SHERYL 121 COGGESHALL AVENUE, UNIT 10 NEWPORT, RI 02840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POMERANTZ, HOWARD K TRUSTEE 844 BROOKSIDE RD POTTSTOWN, PA 19464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POMERANTZ, STEVEN A TRUSTEE 2000 MARKET STREET PHILADELPHIA, PA 19103
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02/28/05-80024-022 50.00

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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: *Steven A. Pomerantz* 2-25-05