2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-05-2007 90028 031 ****50.00

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1. Entity Name
KALBACK FAMILY, LLC

Principal Place of Business	Mailing Address
6262 BIRD ROAD, SUITE 2J SOUTH MIAMI, FL 33155	C/O KFRE, LTD. P.O. BOX 55-9033 MIAMI, FL 33255-9033

30005234

DO NOT WRITE IN THIS SPACE

03222007No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0859255
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, GARY P.
9100 SO. DADELAND BLVD., SUITE 504
MAIMI, FL 33156-7815

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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 Mary Lumannick 03/26/07
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LUMANNICK, MARY
STREET ADDRESS	11770 SW 29TH ST.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	MGR
NAME	KALBACK, RICHARD
STREET ADDRESS	1950 SE 143 COURT
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Lumannick 04/12/07 (305)666-1773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #