


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State


DOCUMENT # L98000001593

1. Entity Name
KALBACK MARITAL, LLC



Principal Place of Business C/O KFRE, LTD. P.O. BOX 55-9033 MIAMI, FL 33255-9033	Mailing Address C/O KFRE, LTD. P.O. BOX 55 9033 MIAMI, FL 33255-9033
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DO NOT WRITE IN THIS SPACE



01162004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0859924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMON, GARY P
 9100 SO. DADELAND BLVD., SUITE 504
 MIAMI, FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUMANNICK, MARY 11770 SW 29TH ST. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALBACK, RICHARD 1950 SE 143 COURT MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUMANNICK, GARY 11770 SW 19TH ST. MIAMI, FL 33175
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 02/04/04-80112-020 50.00

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: *Mary Lumannick* *1-29-04* *(305) 666-1773*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #