


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000001593

1. Entity Name
 KALBACK MARITAL, LLC



Principal Place of Business Mailing Address

C/O KFRE, LTD. C/O KFRE, LTD.
 P.O. BOX 55-9033 P.O. BOX 55 9033
 MIAMI FL 33255-9033 MIAMI FL 33255-9033



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

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

4. FEI Number 65-0859924 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 01/28/08

Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent's signature required if written consent) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LUMANNICK, MARY	
STREET ADDRESS	11770 SW 29TH ST.	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KALBACK, RICHARD	
STREET ADDRESS	1950 SE 143 COURT	
CITY - ST - ZIP	MORRISTON FL 32668	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LUMANNICK, GARY	
STREET ADDRESS	11770 SW 19TH ST.	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

02/11/08-80019-024 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 01/28/08 (305)666-1773

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