

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001565

Entity Name: KAB PROPERTIES, LLC

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

5045 34TH STREET SOUTH #716  
ST. PETERSBURG, FL 33711

## New Principal Place of Business:

5045 34TH STREET SOUTH  
#716  
ST. PETERSBURG, FL 33711

## Current Mailing Address:

8724 STATE ROAD 70 EAST  
103  
BRADENTON, FL 34202

## New Mailing Address:

FEI Number: 43-1993424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARTOL, ANDREW J  
5045 34TH STREET SOUTH  
103  
ST. PETERSBURG, FL 33711 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BARTOL, ANDREW J  
Address: 5045 34TH ST SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BARTOL, ANDREW J  
Address: 121 9TH ST. EAST  
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGRM ( ) Change (X) Addition  
Name: BARTOL, KRYSTYNA  
Address: 121 9TH ST EAST  
City-St-Zip: TIERRA VERDE, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KRYSTYNA BARTOL

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date