Jan 04 2007 4:50PM SAUL SILBER PROPERTIES

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90037 043 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000042707

1. Entity Name
KUR/BEH INVESTMENTS, INC.

20004732

Principal Place of Business	Mailing Address
C/O SAUL SILBER PROPERTIES 901 NW 8 AVE, STE. B6 GAINESVILLE, FL 32608	C/O SAUL SILBER PROPERTIES 3100 SW 35TH PLACE GAINESVILLE, FL 32608

01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
c/o Saul Silber Properties		c/o Saul Silber Properties	
Suite, Apt. #, etc.: 3434 SW 24 Ave, Ste A		Suite, Apt. #, etc.: 3434 SW 24 Ave, Ste A	
City & State: Gainesville, FL		City & State: Gainesville, FL	
Zip: 32607	Country: US	Zip: 32607	Country: US

4. FEI Number: 75-3050571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KURKIN, RUTH
1420 CLEVELAND RD
MIAMI BEACH, FL 33141

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	KURKIN, RUTH	NAME	Kurkin, Ruth
STREET ADDRESS	C/O SAUL SILBER PROPERTIES, ~~901 NW 8 AVE~~	STREET ADDRESS	c/o Saul Silber Properties
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	Gainesville, Fl 32607
TITLE	V ☐ Delete	TITLE	V ☑ Change ☐ Addition
NAME	BEHMOIRAS, FANNY	NAME	Behmoiras, Fanny
STREET ADDRESS	C/O SAUL SILBER PROPERTIES, ~~901 NW 8 AVE~~	STREET ADDRESS	c/o Saul Silber Properties
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	Gainesville, Fl 32607
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Ruth Kurkin 2/16/07 305-8645955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #