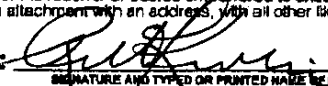


FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90037 043 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

20004732

DOCUMENT # P02000042707			
1. Entity Name KUR/BEH INVESTMENTS, INC.			
Principal Place of Business C/O SAUL SILBER PROPERTIES 901 NW 8 AVE, STE. B6 GAINESVILLE, FL 32608		Mailing Address C/O SAUL SILBER PROPERTIES 3100 SW 35TH PLACE GAINESVILLE, FL 32608	
2. Principal Place of Business - No P.O. Box # % Saul Silber Properties		3. Mailing Address % Saul Silber Properties	
Suite, Apt. #, etc. 3134 SW 24 Ave, Ste A		Suite, Apt. #, etc. 3134 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 _____ (NOTE: Registered Agent signature required when withdrawing) DATE _____			
FILE NOW!!! FEB 15 \$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 NAME STREET ADDRESS CITY-ST-ZIP	P KURKIN, RUTH C/O SAUL SILBER PROPERTIES, 901 NW 8 AVE GAINESVILLE, FL 32601	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEHMOIRAS, FANNY C/O SAUL SILBER PROPERTIES, 901 NW 8 AVE GAINESVILLE, FL 32608	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 118, 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: 		Ruth Kurkin 2/16/07 905-8645955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	