


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90014 007 ****50.00

DOCUMENT # L02000025350	
1. Entity Name K.E.B., LLC	

Principal Place of Business 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703	Mailing Address 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703
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2. Principal Place of Business 11001 DANKA WAY N.	3. Mailing Address 11001 DANKA WAY N.
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33716	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 04-3726017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent BARGER, MICHAEL E 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703	
7. Name and Address of New Registered Agent Name MICHAEL E. BARGER Street Address (P.O. Box Number is Not Acceptable) 11001 DANKA WAY N. #3 City ST. PETERSBURG FL Zip Code 33716	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BARGER, KIMBERLY E		NAME 11001 DANKA WAY N. #3	
STREET ADDRESS 4200 4TH STREET NORTH, SUITE D		STREET ADDRESS ST. PETERSBURG, FL 33716	
CITY-ST-ZIP ST. PETERSBURG FL 33703		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **KIMBERLY E. BARGER** 2-15-05 727-520-7711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #