## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000043038

Name:

Address:

City-St-Zip:

PASCOTTI, ANTHONY A

HARRISBURG, PA 17112

633 FISHING CREEK VALLEY ROAD

Entity Name: KWEST PARTNERS, LLC

FILED Jul 05, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 633 FISHING CREEK VALLEY ROAD HARRISBURG, PA 17112 **Current Mailing Address: New Mailing Address:** 633 FISHING CREEK VALLEY ROAD HARRISBURG, PA 17112 FEI Number: 20-2774413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BROWN, DONALD Name: Name: Address: 633 FISHING CREEK VALLEY ROAD Address: City-St-Zip: HARRISBURG, PA 17112 US City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: GALIARDO, FREDERICK T Name: Address: 633 FISHING CREEK VALLEY ROAD Address: City-St-Zip: HARRISBURG, PA 17112 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition NOVINGER, JAMES D Name: Name: 633 FISHING CREEK VALLEY ROAD Address: Address: City-St-Zip: HARRISBURG, PA 17112 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY A. PASCOTTI MGR 07/05/2006