2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 11, 2009
Secretary of State

DOCUMENT# L06000026498

Entity Name: K.R. BROBST BUILDER, LLC

Current Principal Place of Business:

8236 CHESEBRO AVE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

8236 CHESEBRO AVE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-4486329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD STE A
BOX 1377255
DELTONA, FL 32725 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: CEO ( ) Delete
Name: BROBST, KENNETH R CEO
Address: 8236 CHESEBRO AVE
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM ( ) Delete
Name: LEWIS, MATTHEW A
Address: 7070 CROCK AVENUE
City-St-Zip: NORTHPORT, FL 34287

Title: MGRM ( ) Delete
Name: KENNEDY, THERON J
Address: 233 SAN CARLOS ROAD
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MCCONNELL, CHRISTOPHER
Address: 7455
City-St-Zip: PROCTOR ROAD, FL 34241

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KENNETH R BROBST CEO 09/11/2009

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