2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State
01-05-2007 90031 015 ****50.00

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1. Entity Name
KIMBERLY A. O'STEEN, P.L.L.C.

Principal Place of Business	Mailing Address
12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 32223	2950 HALCYON LANE, SUITE 304 JACKSONVILLE, FL 32223

60000160

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2950 Halcyon lane			
Suite, Apt. #, etc. Suite 304		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State	
Zip 32223	Country U.S.A	Zip	Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4977199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'STEEN, KIMBERLY A 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 32223	Name Street Address (P.O. Box Number is Not Acceptable) 2950 Halycon Lane, Suite 304 City Jacksonville **FL** Zip Code 32223

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'STEEN, KIMBERLY A 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same - MGRM same, OSteen, Kimberly 2950 Halcyon Lane, Suite 304 Jacksonville Fl 32223 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 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: ______________________________ January 3, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #