2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT Mar 23, 2005 08:00 AM **DOCUMENT # M01000002022 Secretary of State** 1. Entity Name KP MOTORS L.L.C. Principal Place of Business 🚉 Mailing Address 4306 PABLO OAKS COURT PO BOX 16469 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32245-6469 03172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-0629064 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITI F NAME TOMM, C.B. STREET ADDRESS 4306 PABLO OAKS COURT CITY-ST-7IP JACKSONVILLE, FL 32224 TITLE U00000273385 MARLETTE, LINDA 03/23/05-80026-022 50.m NAME STREET ADDRESS 4306 PABLO OAKS COURT GITY-ST-ZIP JACKSONVIELE, FL 32224 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

31505

904-992-4110

Daytime Phone #

FILED