## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L00000016056

1. Entity Name

KINGFISHER HOLDINGS, LLC



Principal Place of Business

5801 SHIRLEY ST NAPLES, FL 34109 Mailing Address 5801 SHIRLEY ST

NAPLES, FL 34109

## FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90054 003 \*\*\*150.00

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03102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
58-2590493		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHELLING, JEFFREY S 2240 TRADE CENTER WAY NAPLES, FL 34109

SIGNATURE:

DO NOT WRITE
IN THIS SPACE

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		
Fi	iling Fee Is \$50.00 ue by May 1, 2006		,		
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCH, VIVIAN 5801 SHIRLEY ST NAPLES, FL 34109				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	<b>SPACE</b>		
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

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