**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003505

1. Entity Name
THE KIRKLAND FAMILY JOINT VENTURE OF VOLUSIA COUNTY, LLC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4328 STATE RD 44<br>NEW SMYRNA BEACH, FL 32168 | 4328 STATE RD 44<br>NEW SMYRNA BEACH, FL 32168 |

DO NOT WRITE IN THIS SPACE

04252006No Chg-LLC CR2E063 (11/05)

4. FEI Number
59-3688457
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, GLORIA JEAN
4328 STATE RD 44
NEW SMYRNA BEACH, FL 32168

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

**Filing Fee is $50.00**
**Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | SCHWARTZ, GLORIA JEAN |
| STREET ADDRESS | 4328 STATE RD 44 |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | MGRM |
| NAME | JIMENEZ, DEBORAH ANN |
| STREET ADDRESS | 263 FLORATAM TR |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | MGRM |
| NAME | CARBAJAL, KAREN ANITA |
| STREET ADDRESS | 305 FLORATAM TR |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | MGRM |
| NAME | KIRKLAND, FAY LAVERNE |
| STREET ADDRESS | 4328 STATE ROAD 44 |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | MGRM |
| NAME | KIRKLAND, WARD ALLAN |
| STREET ADDRESS | 276 FLORATAM TR |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 605, Florida Statutes.

**SIGNATURE:** Fay LaVerne Kirkland 4/26/06 386-428-9855
SIGNATURE AND TYPED OR PRINTED NAME OF PRESENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #