2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #L0100006239



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90029 004 ****50.00

1. Entity Nam KIT CARS	SON MOUNT	AIN, LLC				04-13-2000	90029 00	74 J	J.00	
	e of Business R HAMMOCK BLVD 34114).	Mailing Address KIT CARSON MTN LLC 3334 SCRUB OAK LANE JACKSONVILLE, FL 32223							II 11
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222006	Chg-LLC	CR2E08	3 (11/05)	
City & State			City & State		4. FEt Numb NOT AF	NOT APPLICABLE			Applied For Not Applicable	
Zip	Country		Zip			5. Certificate	of Status Desired	\$	5.00 Add ee Required	itional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
O'DAY, RALPH L 3334 SCRUB OAK LANE JACKSONVILLE, FL 32223					Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent.							th, in the State of Flor		miliar with,	and accept
SIGNATURE										
Filing Fee is \$50.00 Due by May 1, 2006								check pa Departme		•
9,		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DAY, RALPH 3334 SCRUB (JACKSONVILL	DAK LANE	☐ Delete		E ET ADORESS -ST-ZIP		,		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'DAY, MICHA 3334 SCRUB (JACKSONVILL	DAK LANE	☐ Delete		E CO E N ET ADDRESS -ST-ZIP	flect no LichAL	s, 0'0A	7	Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'DAY, KYLE I 3334 SCRUB (JACKSONVILL	DAK LANE LE, FL 32223	☐ Delete	1	[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 0.047, i 33345	DARLEN C. CRUB OAK DUTCLE, F	Detete		i i				Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V160-5 67	~ 0,000	C. 3 Pelete	-					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete .						☐ Change	☐ Addition
11. I hereby	certify that the info	rmation supplied with the	his filing does not qualify for	the exe	mptions containe	d in Chapter 119,	Florida Statutes. I fu	rther certify	that the info	rmation

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. SIGNING WANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4-9-06 904-739-6253

Oaytime Phone #