


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90073 009 \*\*\*\*55.00

<b>DOCUMENT # L01000020033</b>	
1. Entity Name K.B. CUSTOM SERVICES, LLC	

Principal Place of Business 210 SOUTH 11TH STREET TAMPA, FL 33602	Mailing Address 210 S. 11TH STREET TAMPA, FL 33602
---	--

20050917



2. Principal Place of Business 513 E. Renfro St. Suite, Apt. #, etc.	3. Mailing Address 513 E. Renfro St. Suite, Apt. #, etc.
--	--

07052006 Chg-LLC CR2E083 (11/05)

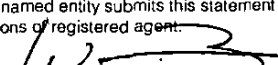
City & State Plant City FL	City & State Plant City FL
Zip 33563	Zip 33563
Country Hills	Country Hills

4. FEI Number 59-3759533	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
--

6. Name and Address of Current Registered Agent CROSSLAND, FRANK N 29605 U.S. 19 N. SUITE 330 CLEARWATER, FL 33761	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 7/6/06

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 September 6, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, WARREN H 210 S. 11TH STREET TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Warren Brown 513 E. Renfro St. Plant City FL 33563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 7/6/06	DAYTIME PHONE # 813-759-8595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		