2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000010215

1. Entity Name K.J.L., LLC



FILED Feb 03, 2005 08:00 AM Secretary of State

Principal Place of Business

C/O KENNETH E. PADGETT

P.O. BOX 3444 VERO BEACH, FL 32964 Mailing Address

C/O KENNETH E. PADGETT P.O. BOX 3444

VERO BEACH, FL 32964



01252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 81-0559830 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chations of registered agent.	inging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature typod or printed name of registered agent and tifle 4 applicable	(NOTE Registered Agent signature required when reinstating)	og Agont signature required when relastating) DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADGETT, KENNETH E PO BOX 3444 VERO BEACH, FL 329643444		000000213725 02/03/05-80083-007 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- · · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					

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

SIGNATURE:	2. Pada	DIA		
	PRINTED NAME OF SIGNING	ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Cale	Daytime Phone #