

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010430

1. Entity Name

K & R, LLC



Principal Place of Business

**918 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**

Mailing Address

**918 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**



03122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0573914

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAQUIN, RAYMOND L
918 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PAQUIN, RAYMOND
6170 MANGO AVE
BUNNELL, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SCHILLING, KENNETH
503 CHURCH ST
KOHLER, WI 53044**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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03/17/05-80013-002 50.00

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Raymond L. Paquin* RAYMOND L. PAQUIN

x 3-14-05

x 386253-4246

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

Date

Daytime Phone #