

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 17, 2006
Secretary of State**

DOCUMENT# L02000014540

Entity Name: K.K.J. ENTERPRISES, LLC

Current Principal Place of Business:

604 WOOD TRAIL
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

604 WOOD TRAIL
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 02-0624455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLSOMBAKE, JAMES D
604 WOOD TRAIL
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLSOMBAKE, KRISTY J
Address: 604 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM (X) Delete
Name: HOMSOMBAKE, KATY A
Address: 604 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM (X) Delete
Name: HOLSOMBAKE, JAMES E
Address: 604 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOLSOMBAKE, JAMES D
Address: 604 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES D. HOLSOMBAKE

MGR

05/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date