

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000014540

FILED
May 17, 2006
Secretary of State**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