


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90185 004 \*\*\*\*50.00

<b>DOCUMENT # L02000017678</b>	
1. Entity Name <b>KYLE COMPANY, LLC</b>	

Principal Place of Business <b>12734 KENWOOD LANE, SUITE 89 FORT MYERS FL 33907</b>	Mailing Address <b>12734 KENWOOD LANE, SUITE 89 FORT MYERS FL 33907</b>
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2. Principal Place of Business - No P.O. Box # <b>1451 MANDEL RD</b>	3. Mailing Address <b>1451 MANDEL RD</b>
Suite, Apt. #, etc. <b>FORT MYERS FL</b>	Suite, Apt. #, etc. <b>FORT MYERS FL</b>
City & State <b>Fort Myers FL</b>	City & State <b>Fort Myers FL</b>
Zip <b>33919</b>	Country <b>LEE</b>
Zip <b>33919</b>	Country <b>LEE</b>



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent <b>ECKERTY, THOMAS G ESQUIRE 12734 KENWOOD LANE, SUITE 89 FORT MYERS FL 33907</b>	
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4. FEI Number <b>14-1837581</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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

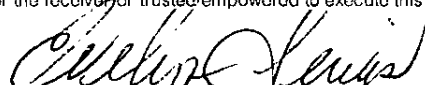
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEWIS, EVELYN 1451 MANDEL RD. FORT MYERS FL 33919 <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
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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 Section 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:**  **February 8, 2007** **1233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #