

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006894

Entity Name: K&L ENTERPRISES, LLC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

8130 BAYMEADOWS ROAD WEST  
SUITE 211  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

8130 BAYMEADOWS ROAD WEST  
SUITE 211  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

FEI Number: 82-0589095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

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: MGR ( ) Delete  
Name: DRIVER, JR., G. RAY  
Address: 8055 PINE LAKE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR ( ) Delete  
Name: DRIVER, LISA  
Address: 8055 PINE LAKE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256 US

## ADDITIONS/CHANGES:

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: G. RAY DRIVER, JR.

MGR

05/01/2006

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