


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2007 90352 024 \*\*\*\*50.00

<b>DOCUMENT # L03000008893</b>							
1. Entity Name KICKLIGHTER PAUL, LLC							
Principal Place of Business 2330 GRIFFIN RD. LAKELAND, FL 33810			Mailing Address 829 D N. LANIER AVE. FORT MEADE, FL 33841				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>41-2083881</b>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
PAUL, VIVIAN 1325 VALLEY HILL DRIVE LAKELAND, FL 33813			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KICKLIGHTER, ANDREA D 120 COUNTRY CLUB LANE MULBERRY, FL 33860	<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	MGR PAUL, VIVIAN S 1325 VALLEY HILL DRIVE LAKELAND, FL 33813	<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			
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 Chapter 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: <u>Vivian Paul</u>		Date: <u>4/11/07</u>		Daytime Phone #: <u>863-698-5137</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							