

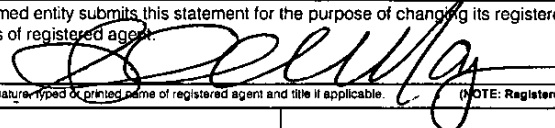
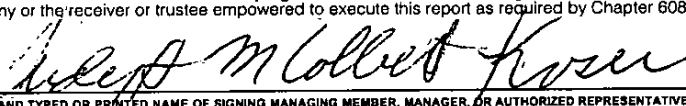


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000010880 1. Entity Name K & C PARTNERS, L.L.C.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB -2 AM 8:53
Principal Place of Business 2950 EAGLE ESTATES CIRCLE WEST CLEARWATER, FL 33761		Mailing Address 2950 EAGLE ESTATES CIRCLE WEST CLEARWATER, FL 33761	
2. Principal Place of Business 1520 Seagull Dr Suite, Apt. #, etc. Apt # 307	3. Mailing Address 1520 Seagull Dr Suite, Apt. #, etc. Apt # 307		
City & State Palm Harbor, FL	City & State Palm Harbor, FL	4. FEI Number 73-1662292	Applied For <input type="checkbox"/> Not Applicable
Zip 34685	Country US	Zip 34685	Country US
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01212006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent SKALSKI, JOSEPH C 13770 58TH STREET N., SUITE 304 CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name Stephen A. Macy Street Address (P.O. Box Number is Not Acceptable) 13770 58th St. N. Ste. 304 City Clearwater FL Zip Code 33760	
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  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/27/06	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOSER, JUDYTH COLBETH <input type="checkbox"/> Delete 2950 EAGLE ESTATES CIRCLE WEST CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Judyth Colbeth Koser <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1520 Seagull Dr., Apt # 307 Palm Harbor, FL 34685
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 800065831918 02/14/06--01034--018 **100.00
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 REINSTATEMENT 05-06
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: 		Date 1-30-06	Daytime Phone # 727-771-1773