


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90040 046 ****50.00

DOCUMENT # L03000020934	
1. Entity Name KCB GOLF COURSE CONDO - 1 LLC	

Principal Place of Business 2106 FORT HILL ROAD PHELPS, NY 14532	Mailing Address P.O. BOX 98 PHELPS, NY 14532
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2. Principal Place of Business	3. Mailing Address 2106 FORT HILL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State PHELPS NY
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Zip	Country	Zip	Country
		14532	USA



02282006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0042057	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALE, JEB 106 CHANNEL DRIVE MARATHON, FL 33050		Name JEB HALE Street Address (P.O. Box Number is Not Acceptable) 905 W. 75th St. City Marathon FL Zip Code 33050	

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 <i>Jeb S. Hale</i>	DATE 4/12/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, DEAN 2106 FORT HILL RD PHELPS, NY 14532 <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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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 606, Florida Statutes.

SIGNATURE: <i>Deann William</i>	Date 3/29/06	Daytime Phone # 315-523-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		