2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006
Secretary of State

DOCUMENT# L03000024786

Entity Name: KENT ISLAND LLC

Current Principal Place of Business:

PO BOX 61936
FORT MYERS, FL 33906 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 61936
FORT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 51-0477809 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: REDAR, ROBERT
Address: 319 SAHALLI CT
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM ( ) Delete
Name: REDAR, ELEANOR
Address: 319 SAHALLI CT
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REDAR, ROBERT
Address: 7447 SIKA DEER WAY
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM (X) Change ( ) Addition
Name: REDAR, ELEANOR
Address: 7447 SIKA DEER WAY
City-St-Zip: FORT MYERS, FL 33912

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: ELEANOR REDAR MGRM 05/16/2006

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