

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024786

Entity Name: KENT ISLAND LLC

FILED  
Feb 13, 2007  
Secretary of State

## Current Principal Place of Business:

PO BOX 61936  
FORT MYERS, FL 33906 US

## New Principal Place of Business:

7447 SIKI DEER WAY  
FORT MEYERS, FL 33912 US

## 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 ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 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: JAMES K. DUERR, CPA

02/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: REDAR, ROBERT  
Address: 7447 SIKI DEER WAY  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM ( ) Delete  
Name: REDAR, ELEANOR  
Address: 7447 SIKI DEER WAY  
City-St-Zip: FORT MYERS, FL 33912

## 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: ROBERT REDAR

MGRM

02/13/2007

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