

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035727

Entity Name: KOHLER FAMILY, LLC

FILED
Jan 15, 2006
Secretary of State

Current Principal Place of Business:

10402 GREENMONT DR.
TAMPA, FL 33626

New Principal Place of Business:

3009 HUNTINGTON DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

10402 GREENMONT DR.
TAMPA, FL 33626

New Mailing Address:

3009 HUNTINGTON DRIVE
TALLAHASSEE, FL 32308

FEI Number: 20-0282022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHLER, LAURA
10402 GREENMONT DR.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

KOHLER, LAURA
3009 HUNTINGTON DRIVE
TALLAHASSEE, FL 32308 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:

01/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOHLER, LAURA L
Address: 10402 GREENMONT DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: MGR () Delete
Name: KOHLER, PAUL T
Address: 10402 GREENMONT DRIVE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOHLER, LAURA L
Address: 3009 HUNTINGTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGR (X) Change () Addition
Name: KOHLER, PAUL T
Address: 3009 HUNTINGTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

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: LAURA KOHLER

MGR

01/15/2006

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