


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90034 016 \*\*\*\*50.00

<b>DOCUMENT # L03000040494</b>		
1. Entity Name <b>KATHLEEN M. PRICE, LLC</b>		

Principal Place of Business <b>12423 BANYAN ROAD NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>12423 BANYAN ROAD NORTH PALM BEACH, FL 33408</b>
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2. Principal Place of Business <b>HOO REGENT PARK</b>	3. Mailing Address <b>HOO REGENT PARK</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>PALM BEACH, FL</b>	City & State <b>PALM BEACH, FL</b>
Zip <b>33480</b>	Zip <b>33480</b>
Country	Country



01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>45-0526872</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PRICE, KATHLEEN M 12423 BANYAN ROAD NORTH PALM BEACH, FL 33408</b>	7. Name and Address of New Registered Agent Name <b>KATHLEEN M PRICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>HOO REGENT PARK</b> City <b>PALM BEACH</b> FL Zip Code <b>33480</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, KATHLEEN M 12423 BANYAN ROAD NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HOO REGENT PARK PALM BEACH, FL 33480</b> <input checked="" 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
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
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

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:**  **1/10/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #