

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000041627**

1. Entity Name  
**K C COMPANION ENTERPRISES, LLC**



Principal Place of Business  
**13901 SOPHOMORE LANE  
FORT MYERS, FL 33912**

Mailing Address  
**13901 SOPHOMORE LANE  
FORT MYERS, FL 33912**



07052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>37-1493132</b>	Applied For 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**

**JAMES, KYLE C  
13901 SOPHOMORE LANE  
FORT MYERS, FL 33912**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUMBOLD, CORALIE K TRUSTEE 13901 SOPHOMORE LANE FORT MYERS, FL 33912</b>
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07/17/06-80005-009 50.00

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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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Kyle C James*  
**Kyle C James**

**7-12-06**

**339-788-6554**