



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000041627 1. Entity Name K C COMPANION ENTERPRISES, LLC	
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Principal Place of Business 13901 SOPHOMORE LANE FORT MYERS, FL 33912	Mailing Address 13901 SOPHOMORE LANE FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

	
04172007No Chg-LLC	CR2E083 (11/05)
4. FEI Number 37-1493132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JAMES, KYLE C 13901 SOPHOMORE LANE FORT MYERS, FL 33912
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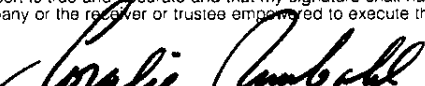
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUMBOLD, CORALIE K TRUSTEE 13901 SOPHOMORE LANE FORT MYERS, FL 33912
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U000000743197 05/15/07-80099-019 50.00

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	4/29/07 Date	239 768-6564 Daytime Phone #