2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Jul 11, 2005 08:00 AM Secretary of State **DOCUMENT # L03000042966** KATHLEEN'S KREATIONS, LLC Principal Place of Business Mailing Address 4470 CAMDEN ROAD 4470 CAMDEN ROAD TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 07052005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0450727 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent F&L CORP DO NOT WRITE ONE INDEPENDENT DRIVE **SUITE 1300** IN THIS SPACE JACKSONVILLE, FL 32202 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, typed or printed name of registered agent and title if applicable. (NOTE: Repliateted Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME HAMPTON, KATHLEEN L. 4470 CAMDEN ROAD STREET ADDRESS U00000322037 CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

850-294-9283