

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047313

Entity Name: KLY.LC.

FILED  
Jan 19, 2005  
Secretary of State

**Current Principal Place of Business:**

128 N THOMPSON RD  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

128 N THOMPSON RD  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 59-3327998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOST, KEVIN L  
128 N THOMPSON RD  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

YOST, KEVIN L MGR  
128 N THOMPSON RD  
APOPKA, FL 32703 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: KEVIN YOST

01/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: YOST, KEVIN L  
Address: 128 N THOMPSON RD  
City-St-Zip: APOPKA, FL 32703 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: YOST, KEVIN L MGR  
Address: 128 N THOMPSON RD  
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN YOST

MGR

01/19/2005

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