

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90033 038 ****50.00

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| DOCUMENT # L03000054970 1. Entity Name KENT CLARK INDUSTRIES LLC | | | |
| Principal Place of Business 955 NW 17TH AVE BLDG J DELRAY BEACH, FL 33445 | | Mailing Address 955 NW 17TH AVE BLDG J DELRAY BEACH, FL 33445 | |
| 2. Principal Place of Business 285 SE 6th Ave | | 3. Mailing Address 285 SE 6th Ave | |
| Suite, Apt. #, etc. K | | Suite, Apt. #, etc. K | |
| City & State Delray Beach, FL | | City & State Delray Beach, FL | |
| Zip 33583 | | Zip 33583 | |
| Country | | Country | |
| 4. FEI Number 92-0186713 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORAN, JOSEPH P 160 MARINE WAY DELRAY BEACH, FL 33483 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 285 SE 6th Ave # K City Delray Beach FL Zip Code 33583 | |
| 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> | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MORAN, JOSEPH P 160 MARINE WAY DELRAY BEACH, FL 33483 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 285 SE 6th Ave # K Delray Beach, FL 33583 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u>Joseph P. Moran</u> | | 04/17/06 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |