2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # L04000001814 03-15-2006 90023 021 ****50.00 1. Entity Name K.L. WILLIAMS BUILDING CONTRACTOR, L.L.C. Principal Place of Business Mailing Address 8925 1/2 CHARLES LIMPUS RD. 8925 1/2 CHARLES LIMPUS RD. ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For AKEBUENA VISTA FL. NO-T APPLICABLE Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, KENNETH L 8925 CHARLES LIMPUS RD. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32836 City Zip Code 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 it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50,00 " Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING, MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM TITLE ☐ Change ☐ Addition ☐ Delete NAME WILLIAMS, KENNETH L STREET ADDRESS STREET ADDRESS 8925 1/2 CHARLES LIMPUS RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 TITLE ☐ Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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LO KENNETH L. WILLIAMS 2/20/06 SIGNATURE

CITY-ST-ZIP 11. I hereby certify that the information supplied with this fifing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIF