


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90046 023 ****50.00

DOCUMENT # L04000002731	
1. Entity Name K.C. BUILT CONSTRUCTION, LLC.	

Principal Place of Business 1812 LAKEVIEW AVE. APT 5 PENSACOLA, FL 32503	Mailing Address 1812 LAKEVIEW AVE. APT 5 PENSACOLA, FL 32503
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20040328



2. Principal Place of Business 412 W. Gregory St Suite, Apt. #, etc. Apt 1 City & State Pensacola, FL Zip 32501 Country USA	3. Mailing Address 412 W. Gregory St Suite, Apt. #, etc. Apt 1 City & State Pensacola, FL Zip 32501 Country USA
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01272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0588279	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 WATKINS, K.C. 1812 LAKEVIEW AVE. APT 5 PENSACOLA, FL 32503	7. Name and Address of New Registered Agent Name Watkins-KC Street Address (P.O. Box Number is Not Acceptable) 412 W Gregory Apt 2 City Pensacola FL Zip Code 32501
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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 KC Watkins (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATKINS, K.C. 1812 LAKEVIEW AVE APT 5 PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert Madden 1151 Eula St Gulf Breeze, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert Madden 1151 Eula St Gulf Breeze, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chad Richard Moore 412 W. Gregory St. Apt. 3 Pensacola, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KC Watkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #