

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90093 049 \*\*\*\*50.00

**20004502**



01062006 Chg-LLC CR2E083 (11/05)

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L04000003146</b><br>1. Entity Name<br><b>KO CONSTRUCTION LLC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>6 PALMETTO DRIVE<br/>DEBARY, FL 32713</b>  |  |  | Mailing Address<br><b>6 PALMETTO DRIVE<br/>DEBARY, FL 32713</b>  |   |  |
| 2. Principal Place of Business<br><b>43 Floridana Road</b><br><small>Suite, Apt. #, etc.</small>   |  | 3. Mailing Address<br><b>43 Floridana Road</b><br><small>Suite, Apt. #, etc.</small> |  |   |  |
| City & State<br><b>Debary, FL</b><br><small>Zip</small> <b>32713</b>   |  | City & State<br><b>Debary, FL</b><br><small>Zip</small> <b>32713</b>                 |  | 4. FEI Number<br><b>56-2425730</b>  |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MUSTOE, JODI K ESQUIRE<br/>COX &amp; ROUSE, P.A.<br/>240 LOOKOUT PLACE<br/>MAITLAND, FL 32751</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |  |
| 9. MANAGING MEMBERS / MANAGERS   |  |  | 10. ADDITIONS / CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>OTTO, KEITH<br/>6 PALMETTO DRIVE<br/>DEBARY, FL 32713</b> | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>43 Floridana Road,<br/>Debary, FL 32713</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |   |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> <i>Keith Otto</i>  |  |  | <b>1-25-06 407-443-1731</b>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | <small>Date Daytime Phone #</small>  |   |  |

ATTACHMENT  
20004502  
# 0400000 3146  
**COX & ROUSE, P.A.**  
ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK  
240 LOOKOUT PLACE  
MAITLAND, FLORIDA 32751

E-mail: jodi@coxandrouse.com

PAMELA J. COX  
JODI K. MUSTOE  
MICHAEL D. ROUSE\*

TELE: (407) 644-5225  
FAX: (407) 644-2866

\*Board Certified in  
Workers' Compensation

January 30, 2006

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

RE: KO Construction LLC

Dear Sir/Madam:

Enclosed for filing is a completed 2006 Limited Liability Company Annual Report along with check number 6083 in the amount of \$50.00. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

  
Jodi K. Mustoe

JKM:gcr  
Enclosures  
cc: Keith Otto