


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90049 003 ****50.00

DOCUMENT # L04000012997 1. Entity Name K & K PAINTING & WATERPROOFING, LLC	
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Principal Place of Business 4475 HAMWOOD ST NORTH PORT FL 34287	Mailing Address 4475 HAMWOOD ST NORTH PORT FL 34287
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2. Principal Place of Business 4475 Hamwood St	3. Mailing Address 4475 Hamwood St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State North Port FL	City & State North Port FL	4. FEI Number 03-0305113	Applied For <input type="checkbox"/> Not Applicable
Zip 34287	Country SARASOTA	Zip 34287	Country SARASOTA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLON, STEVEN 413 BAYSIDE LANE NOKOMIS FL 34275	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAY, EDWARD J 4475 HAMWOOD ST NORTH PORT FL 34287 <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	MGRM KING, RONALD E 1743 HIGHLAND RD OSPREY FL 34229 <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
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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: Edward J. Kay 8/1/05 941/276/2172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #