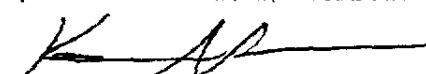


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026458 1. Entity Name KENNETH L. NATHE, LLC					
Principal Place of Business 32225 AMBERLEA RD. DADE CITY FL 33523			Mailing Address 32225 AMBERLEA RD. DADE CITY FL 33523		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2446478	
5. Certificate of Status Desired ☒		Applied For Not Applicable			
6. Name and Address of Current Registered Agent NATHE, GERARD H 32440 NATHE ROAD DADE CITY FL 33523				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR NATHE, KENNETH L 32225 AMBERLEA RD. DADE CITY FL 33523	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000485059 04/12/06-80067-027 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATHE, GERARD H 32440 NATHE ROAD DADE CITY FL 33523	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
11. I hereby certify that the information supplied with this filing 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			3/27/06 352-588-4081		