2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# L04000035521

Entity Name: K.L. CONSTRUCTION LIMITED LIABILITY COMPANY.

Current Principal Place of Business:

5725 LAWTON DR
STE.38
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

4048 WESTMINSTER DR
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 30-0247949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARSON, DINA K
4048 WESTMINSTER DR
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: LARSON, KEVIN L SR.
Address: 1920 BARSTOW PL
City-St-Zip: SARASOTA, FL 34235

Title: VP ( ) Delete
Name: FRICKE, BILL M MR
Address: 6547 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: S ( ) Delete
Name: LARSON, LINDA
Address: 1401 SE APLE DR
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPJR (X) Change ( ) Addition
Name: PHELPS, DOUG
Address: 4048 WESTMINSTER DR
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: /KEVIN L. LARSON SR./ P 09/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date