

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90019 032 ****55.00

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|--|---|---|--|---|--|
| DOCUMENT # L04000036055 1. Entity Name WILLIAM B. KOHLHEPP, LLC | | | | | |
| Principal Place of Business 8221 DOMINICA PLACE WELLINGTON, FL 33414 | | | Mailing Address 8221 DOMINICA PLACE WELLINGTON, FL 33414 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. 3104 USHANT CT. | | 3. Mailing Address Suite, Apt. #, etc. 3104 USHANT CT. | | | |
| City & State WELLINGTON, FL | | City & State WELLINGTON, FL | | 4. FEI Number 27-0090925 | |
| Zip 33414 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KOHLHEPP, WILLIAM B 8221 DOMINICA PLACE WELLINGTON, FL 33414 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3104 USHANT CT. City WELLINGTON FL Zip Code 33414 | |
| 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 <u><i>William B. Kohlhepp</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 1-9-06 | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KOHLHEPP, WILLIAM B 8221 DOMINICA PLACE WELLINGTON, FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3104 USHANT CT WELLINGTON, FL 33414 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SWEET, NICOLE S 8221 DOMINICA PLACE WELLINGTON, FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3104 USHANT CT WELLINGTON, FL 33414 | | |
| 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 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. | | | | | |
| SIGNATURE: <u><i>William B. Kohlhepp</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 1-9-06 <small>Date Daytime Phone #</small> | | |