

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038926

FILED
Jun 21, 2005
Secretary of State

Entity Name: KUYKENDALL ENTERPRISES, LLC

Current Principal Place of Business:

1311 EAST CARACAS
TAMPA, FL 33603

New Principal Place of Business:

1311 E CARACAS
TAMPA, FL 33603

Current Mailing Address:

1311 EAST CARACAS
TAMPA, FL 33603

New Mailing Address:

1210 W REYNOLDS
PLANT CITY, FL 33563

FEI Number: 03-0543144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KUYKENDALL, TRAVIS D
1311 EAST CARACAS
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

KUYKENDALL, TRAVIS D
1210 W REYNOLDS
PLANT CITY, FL 33563 US

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: TRAVIS D. KUYKENDALL

06/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: TRAVIS, KUYKENDALL
Address: 1210 W REYNOLDS
City-St-Zip: PLANT CITY, FL 33563

Title: MS () Change (X) Addition
Name: NATILIE, FERNANDES
Address: 1210 W REYNOLDS
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NATILIE FERNANDES

MS

06/21/2005

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