

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038926

FILED
Apr 27, 2007
Secretary of State

Entity Name: KUYKENDALL ENTERPRISES, LLC

Current Principal Place of Business:

1311 E CARACAS
TAMPA, FL 33603

New Principal Place of Business:

1311 E CARACAS ST
TAMPA, FL 33603

Current Mailing Address:

1210 W REYNOLDS
PLANT CITY, FL 33563

New Mailing Address:

1210 W REYNOLDS ST
PLANT CITY, FL 33563

FEI Number: 03-0543144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KUYKENDALL, TRAVIS D
1210 W REYNOLDS ST
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:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: RS () Delete
Name: KUYKENDALL, NATILIE
Address: 1210 W REYNOLDS
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES:

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

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

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: TRAVIS D. KUYKENDALL

MR.

04/27/2007

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