

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000040387

Entity Name: K&B DEVELOPMENT LLC

FILED
Jul 01, 2005
Secretary of State

Current Principal Place of Business:

1 FLORIDA PARK DR NORTH
#107
PALM COAST, FL 32137

New Principal Place of Business:

162 LARAMIE DRIVE
PALM COAST, FL 32137

Current Mailing Address:

1 FLORIDA PARK DR NORTH
#107
PALM COAST, FL 32137

New Mailing Address:

942 STERLING PLACE
N BABYLON, NY 11704

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKE, MAURICE T
1 FLORIDA PARK DR NORTH
107
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

BLAKE, MAURICE T
162 LARAMIE DRIVE
PALM COAST, FL 32137 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: MAURICE T. BLAKE

07/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KLESHCHIK, ALLEN
Address: 1 FLORIDA PARK DR NORTH #107
City-St-Zip: PALM COAST, FL 32137

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLAKE, MAURICE T
Address: 162 LARAMIE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Change (X) Addition
Name: TOBIAS, BETTY M
Address: 10 BILL PLACE
City-St-Zip: PALM COAST, FL 32137

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: MAURICE T. BLAKE

MGR

07/01/2005

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