2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000040387 07-28-2006 90072 049 ****50.00 K&B DEVELOPMENT LLC Principal Place of Business Mailing Address 162 LARAMIE DRIVE 942 STERLING PLACE PALM COAST, FL 32137 N BABYLON, NY 11704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State **NOT APPLICABLE** Not Applicable Country Zip \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLAKE, MAURICE T** Street Address (P.O. Box Number is Not Acceptable) 162 LARAMIE DRIVE PALM COAST, FL 32137 Zip Code City 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 Synatrure, typed or privated name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGR ☐ Delete TITLE Change ☐ Addition BLAKE, MAURICE T NAME NAME 162 LARAMIE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP PALM COAST, FL 32137 Addition MGR ☐ Detete TITLE TITLE 128. CL PLACE TOBIAS, BETTY M NAME NAME STREET ADDRESS / BILL PLACE STRUCT AND IN S PALM COAST, FL 32137 CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE Delete NAJAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [7] Change TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. MAURICLE BLAKE

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jul 28, 2006 8:00 am Secretary of State

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