

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042054

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: KINSEY L.L.C.

## Current Principal Place of Business:

6261 HOLSTEIN DRIVE  
FORT MYERS, FL 33905 US

## New Principal Place of Business:

## Current Mailing Address:

6261 HOLSTEIN DRIVE  
FORT MYERS, FL 33905 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete  
Name: KINSEY, DEBORAH  
Address: 6261 HOLSTEIN DRIVE  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: KINSEY, FARRAH  
Address: 6261 HOLSTEIN DRIVE  
City-St-Zip: FORT MEYERS, FL 33905

Title: P ( ) Delete  
Name: KINSEY, RICHARD  
Address: 6261 HOLSTEIN DRIVE  
City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBORAH KINSEY

D

07/07/2008

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