2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90417 047 ****50.00

1. Entity Name KAHLE FAMILY INVESTMENTS I, LLC							02-27-2000	2041 / O4 <i>/</i>	30	.00
Principal Place of Business 6020 5TH STREET S.W. VERO BEACH, FL 32968			Mailing Address 6020 5TH STREET S.W. VERO BEACH, FL 32968					~~~~	0 U #	
2. Principal F	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02012006	Chg-LLC	CR2E083	3 (11/05)	
City & State			City & State			4. FEI Numi	ber ED FOR 54-2	170344	_ 	plied For
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired Specificate of Status Desired Fee Required				
	: -6. Name	and Address of Current R				7. Name and Address of New Registered Agent				
TICONCY	TUOMAC	NATCO.	Name							
5070 NOR	Y MOORE ITH HIGH\	& TAYLOR WAY A-1-A STE, 200			Street Address (P.O. Box Number is Not Acceptable)					
VERO BEACH, FL 32963					City			FL	Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or register the obligations of conjugate the conjugate to the conjugate that the conjugate the conjugate to the conjugate that the conjugate the conjugate that							oth, in the State of Flo		niliar with,	and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed	or printed name of registered agent an	id title if applicable. (NOTI	E: Registere	d Agent signature requi	red when reinstating)	1	DATE		
Filing Fee is \$50.00 Due by May 1, 2006								e check pay a Departmen		1
9.		. MANAGING MEMBER	I IS/MANAGERS	•		ADDITIONS	CHANGES			
TITLE	MGRM		☐ Delete TITLE		: T			C	Change	☐ Addition
NAME	KAHLE, G		NAM							
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	cortify that the	a information cumuliad with t	his filing does not qualify for			od in Chapter 110	Florida Statutos 16	other cortify #	nat the info	rmation
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 eath; 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.										

George A Kahle

772-778-2224

Daytime Phone #