

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90025 043 \*\*\*\*50.00

**DOCUMENT # L04000048880**

1. Entity Name  
 KC, L.L.C.



Principal Place of Business  
 362 GULF BREEZE PARKWAY, #111  
 GULF BREEZE, FL 32561

Mailing Address  
 362 GULF BREEZE PARKWAY, #111  
 GULF BREEZE, FL 32561



2. Principal Place of Business  
 913 GULF BREEZE PARKWAY  
 Suite, Apt. #, etc.  
 SUITE 3

3. Mailing Address  
 362 GULF BREEZE PARKWAY  
 Suite, Apt. #, etc.  
 #111

04242006 Chg-LLC CR2E083 (11/05)

City & State  
 GULF BREEZE FL

City & State  
 GULF BREEZE FL

Zip  
 32561

Country  
 USA

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHASE, JAMES L  
 101 EAST GOVERNMENT STREET  
 PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

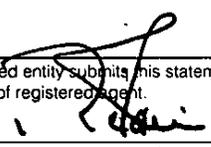
Name  
 ROBERT PABIAN

Street Address (P.O. Box Number is Not Acceptable)  
 362 GULF BREEZE PARKWAY #111

City  
 GULF BREEZE

FL Zip Code  
 32561

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  ROBERT PABIAN

(NOTE: Registered Agent signature required when reinstating)

DATE 4/24/06

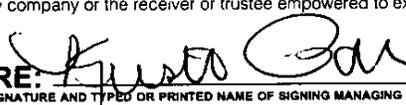
Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME PABIAN, KRISTINE	
STREET ADDRESS 362 GULF BREEZE PKWY #111	
CITY-ST-ZIP GULF BREEZE, FL 32561	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:  KRISTINE PABIAN

Date 4-24-06

Daytime Phone # 850 952-3382