

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065047

**FILED**  
**Mar 27, 2006**  
**Secretary of State**

**Entity Name:** KP PERRY ENTERPRISES LLC

**Current Principal Place of Business:**

13120 LAKESHORE GROVE DR.  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

175 E. ALTAMONTE DRIVE  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

13120 LAKESHORE GROVE DR.  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 20-1599164      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PERRY, KEVIN  
13120 LAKESHORE GROVE DR.  
WINTER GARDEN, FL 34787      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: MGRM ( ) Delete  
Name: PERRY, PATRICIA  
Address: 13120 LAKESHORE GROVE DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete  
Name: PERRY, KEVIN  
Address: 13120 LAKESHORE GROVE DR.  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

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 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: KEVIN PERRY

MGRM

03/27/2006

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