


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066892 1. Entity Name THE KAST NET, LLC			
Principal Place of Business 892 WOODVILLE HWY. CRAWFORDVILLE, FL 32327		Mailing Address 296 PINE LANE CRAWFORDVILLE, FL 32327	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 892 Woodville Hwy Suite, Apt. #, etc.	
City & State Crawfordville, FL		City & State Crawfordville, FL	
Zip 32327		Country USA	
4. FEI Number 20-1637567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOHRFELD, FRED R 892 WOODVILLE HWY. CRAWFORDVILLE, FL 32327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOHRFELD, FRED R 892 WOODVILLE HWY. CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000135962180 09/16/08--01017--007 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOHRFELD, THU 892 WOODVILLE HWY. CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Fred R Mohrfeld		Date: 9/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

FILED
08 SEP 10 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102008 Chg-LLC CR2E083 (12/06)