


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-04-2006 90033 050 ****50.00

| | |
|---|---|
| DOCUMENT # L04000067772 1. Entity Name K-VILLE BUSINESS PARK, LLC |  |
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|--|---|
| Principal Place of Business 3900 S. FLORIDA AVE., SUITE 300 LAKELAND, FL 33813 | Mailing Address 4425 US HIGHWAY 92 E LAKELAND, FL 33801 |
|--|---|

30010362



04112006 No Chg - LLC

CR2E083 (1/1/05)

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| 4. FEI Number 42-1646379 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BELL, MARION T JR. 4425 HIGHWAY 92 EAST LAKELAND, FL 33801-0688 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.90
Due by May 1, 2008**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DGB PROPERTIES, INC. 3900 S. FLORIDA AVE., SUITE 300 LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BELL, MARION T JR. 4425 HIGHWAY 92 EAST LAKELAND, FL 338019688 |
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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:  **Manager** **6/12/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #