## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000067773

1. Entity Name

MARTIN KIMBALL REPAIRS LLC



Principal Place of Business

VALRICO, FL 33594 US

1232 EAST BLOOMINGDALE AVE

Mailing Address

108 SOUTH SATURN AVE CLEARWATER, FL 33755

US

## FILED May 21, 2008 8:00 am Secretary of State

05-21-2008 90415 001 \*\*\*\*88.75 05-21-2008 90415 002 \*\*\*\*50.00

~~~~~~



04302008 No Chg-LLC

CR2E083 (12/07)

| 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

KIMBALL, JOSEPH R 108 SOUTH SATURN AVE CLEARWATER, FL 33755

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligation                    | e named entity submits this statement for<br>tions of registered agent.   | or the purpose of changing its registere                          | d office or registered agent, or both, in the State o | Florida. I am familiar with, and accept |
|------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|
| SIGNATURE.                                     | Signature, typed or printed name of registered agent                      | and title if applicable. (NOTE: Registered                        | Agent signature required when reinstating)            | DATE                                    |
| After May                                      | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                | 5                                                                 |                                                       |                                         |
| 9.                                             | MANAGING MEMBE                                                            | ERS/MANAGERS                                                      |                                                       |                                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM<br>KIMBALL, JOSEPH R<br>108 SOUTH SATURN AVE<br>CLEARWATER, FL 33755 | mailing address:<br>P.O. Box 6016<br>Clearwater, Fc<br>33758-6016 |                                                       |                                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                           |                                                                   |                                                       |                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-ZIP |                                                                           |                                                                   | DO NOT I                                              | WRITE                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                           |                                                                   | IN THIS S                                             | SPACE                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |                                                                   |                                                       |                                         |
| TITLE                                          |                                                                           | ·                                                                 |                                                       |                                         |

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: _               | In R. Kimball                                      | Joseph R. Kimbal   | 4-30-08 | (127)410-       |
|----------------------------|----------------------------------------------------|--------------------|---------|-----------------|
| SIGNATURE AND TYPED OR PRI | INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZ | ZED REPRESENTATIVE | Date    | Devtime Phone # |