2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90261 006 ***138.75

DOCUMENT # L04000087867

1. Entity Name
KINCON HOMES, LLC

60015195

Principal Place of Business	Mailing Address
4157 PALM BLUFF DR. FERNANDINA BEACH, FL 32034 US	4157 PALM BLUFF DR. FERNANDINA BEACH, FL 32034 US

03132008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
96187 Palm Bluff Dr	96187 Palm Bluff Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Bch, FL	City & State: Fernandina Bch, FL
Zip: 32034 Country: USA	Zip: 32034 Country: USA

4. FEI Number: 30-0301693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOMASSETTI, ARMOND J ESQ.
406 ASH ST.
FERNANDINA BEACH, FL 32034

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME KINSLEY, PETER M STREET ADDRESS 4157 PALM BLUFF DR. CITY-ST-ZIP FERNANDINA BEACH, FL 32034	☐ Delete	TITLE MGRM NAME Peter M Kinsley STREET ADDRESS 96187 Palm Bluff Dr CITY-ST-ZIP Fernandina Bch, Fl 32034	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Peter M. Kinsley 3/13/08 904/357-4868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #