

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000088846**

1. Entity Name  
**KEM-PAR CO., LLC**



Principal Place of Business  
**1270 MAN O WAR DRIVE  
DELAND, FL 32724-7637**

Mailing Address  
**1270 MAN O WAR DRIVE  
DELAND, FL 32724-7637**



04042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1984148**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HIGHSMITH, ROBERT E ESQ  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040**

**DO NOT WRITE  
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 \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PARRISH, JAMES J SR  
1270 MAN O WAR DRIVE  
DELAND, FL 327247637**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KEMBRO, DAVID L  
1270 MAN O WAR DRIVE  
DELAND, FL 327247637**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000547143  
05/12/06-80012-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *David L Kembro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/25/06*

Date

*(386) 734-806*

Daytime Phone #