2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 12, 2006 8:00 am Secretary of State 01-12-2006 90034 050 ****55.00

DOCUMENT # L0500001641 1. Entity Name K&C TIMBER LLC					01-12-2006 90034 050 ****55.00					
Principal Place of Business 56 CRYSTAL RIVER DRIVE COCOA BEACH, FL 32931 US Mailing Address 56 CRYSTAL RIV COCOA BEACH,			RIVER DRIVE							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State			4. FEI Numb	20-2122	-61/	A _F	pplied For ot Applicable	
Žip	Country	Zip Cou		ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg			gistered	Agent		
56 CRYST	OOD, CHARLES A FAL RIVER DRIVE EACH, FL 32931					P.O. Box Number is Not Acceptable)				
COCOAB	EACH, FE 32931									
			City				FL	Zip Cod		
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										
Fi D							payable to nent of State	е		
9.	MANAGING MEMBE	RS/MANAGERS	/MANAGERS 10.			ADDITIONS/	CHANGE	S		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR SMALLWOOD, CHARLES A 56 CRYSTAL RIVER DRIVE COCOA BEACH, FL 32931	☐ Delete		ı				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLWOOD, KRISTIN W 56 CRYSTAL RIVER DRIVE COCOA BEACH, FL 32931	☐ Delete		l				Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
11. I hereby certify that the information supplied with this filling 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.										

07 Jan 2006 3218618630 SIGNATURE: Chabs 4 Soullered (Charles A Soullise) Marse it healer signature and typed or printed name of signing managing member, manager, or authorized Representative