
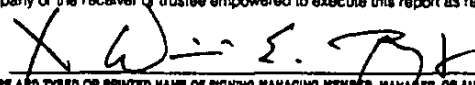


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

02-13-2006 90188 008 ****50.00

DOCUMENT # L05000037565					
1. Entity Name KINARD INVESTMENTS, LLC					
Principal Place of Business 5367 ORTEGA BLVD., SUITE 100 JACKSONVILLE, FL 32210			Mailing Address 5367 ORTEGA BLVD., SUITE 100 JACKSONVILLE, FL 32210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			P.O. Box 110, Ortega Station		
City & State			City & State		
Jacksonville, Florida			Jacksonville, Florida		
Zip		Country	Zip		Country
32210		US	32210		US
4. FEI Number			5. Certificate of Status Desired		
20-3546416			<input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STUTSMAN & THAMES, P.A. 121 WEST FORSYTH STREET, SUITE 600 JACKSONVILLE, FL 32202			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 _____ (NOTE: Registered Agent's signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	William Boyd	NAME	← managing member		
STREET ADDRESS	5367 Ortega Blvd., Suite 100	STREET ADDRESS			
CITY- ST- ZIP	Jacksonville, FL 32210	CITY- ST- ZIP			
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	John Weyer	NAME	← member		
STREET ADDRESS	4168 Ox Ford Ave	STREET ADDRESS			
CITY- ST- ZIP	Jacksonville, FL 32210	CITY- ST- ZIP			
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Matthew Greene	NAME	← member		
STREET ADDRESS	9570 Kuhn Road	STREET ADDRESS			
CITY- ST- ZIP	Jacksonville, FL 32257	CITY- ST- ZIP			
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	David Mobley	NAME	← member		
STREET ADDRESS	4853 Long Bow Road	STREET ADDRESS			
CITY- ST- ZIP	Jacksonville, FL 32210	CITY- ST- ZIP			
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robert Triglia	NAME	← member		
STREET ADDRESS	8241 Shady Grove Road	STREET ADDRESS			
CITY- ST- ZIP	Jacksonville, FL 32256	CITY- ST- ZIP			
TITLE	Member <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Michael Weise	NAME	← member		
STREET ADDRESS	4644 Prince Edward Road	STREET ADDRESS			
CITY- ST- ZIP	Jacksonville, FL 32210	CITY- ST- ZIP			
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: 		Date: 2-10-06		Daytime Phone #: 904-237-1064	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30001644





FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTACHMENT

30001644

February 16, 2006

KINARD INVESTMENTS, LLC
P.O. BOX 110, ORTEGA STATION
JACKSONVILLE, FL 32210

Subject: **KINARD INVESTMENTS, LLC**

Reference Number: **L05000037565**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION