

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90353 022 ****50.00

DOCUMENT # L05000042860 1. Entity Name CHAMBERLAIN AND KAUL, LLC			
Principal Place of Business 503 SLOOP WAY NOKOMISA, FL 34275 1418 GLENEAGLES DRIVE VENICE, FLA. 34292		Mailing Address 503 SLOOP WAY NOKOMISA, FL 34275 1418 GLENEAGLES DRIVE VENICE, FLA. 34292	
2. Principal Place of Business 1418 GLENEAGLES Suite, Apt. #, etc. _____		3. Mailing Address 1418 GLENEAGLES Suite, Apt. #, etc. _____	
City & State VENICE, FLA.		City & State VENICE, FLA.	
Zip 34292		Zip 34292	
Country FLORIDA		Country FLORIDA	
4. Name and Address of Current Registered Agent SAGE ADAM DANIEL PREWITT 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required 6. Name and Address of New Registered Agent Name Daniel L Prewitt Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA RD SARASOTA, FL 34233 City FL Zip Code _____	
7. 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 <u><i>[Signature]</i></u> DANIEL L. PREWITT <u>3/3/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP 0 * 50 CHAMBERLAIN, DON 503 SLOOP WAY 803 FAIRWINDS DRIVE NOKOMISA, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 803 FAIRWINDS DRIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 0 * 50 KAUL, PAMELA 503 SLOOP WAY MANAGING MEMBER NOKOMISA, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MISS PAMELA KAUL WATERFORD 1418 GLENEAGLES DRIVE VENICE, FLA. 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> PAMELA KAUL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>(941) 484-9963</u> <small>Daytime Phone #</small>	