

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043027

Entity Name: KP ONE LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

6544 U.S. HWY. 41 NORTH
SUITE 209-B
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

6544 U.S. HWY. 41 NORTH
SUITE 209-B
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 20-2735824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VANDERMAST, LEONARD III
6213 MARABELLA BOULEVARD
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PANTALEON, ED
Address: 7232 SAND LAKE ROAD, SUITE 103
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: VANDERMAST, LEONARD III
Address: 6213 MARABELLA BLVD.
City-St-Zip: APOLLO BEACH, FL 33572

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SHERMA, ROBYN P TRUSTEE
Address: 646 94TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: I ED PANTALEON

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date