

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000055779

1. Entity Name
KANZLER MATERIALS, LLC



Principal Place of Business
30846 NORTH HIGHWAY 12
ROUND LAKE, IL 60073 US

Mailing Address
30846 NORTH HIGHWAY 12
ROUND LAKE, IL 60073 US

2. Principal Place of Business
12693 E. Tamiami Trail

3. Mailing Address
112 East Hilo Street

Suite, Apt. #, etc.
#249

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34113

Country
USA

Zip
34113

Country
USA

05182006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4893282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PICKWORTH, DONALD A
5150 TAMIAMI TRAIL NORTH
STE 502
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name
Naples-Lawdock, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1395 Panther Lane, Suite 300

City
Naples

FL

Zip Code
34109

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.

Naples-Lawdock, Inc.

SIGNATURE By: Timothy G. Hains Timothy G. Hains, President 5/18/2006
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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KANZLER, JAMES J
STREET ADDRESS 30846 NORTH HIGHWAY 12
CITY-ST-ZIP ROUND LAKE, IL 60073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Kent, Milton S.
STREET ADDRESS 112 East Hilo Street
CITY-ST-ZIP Naples, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Milton S. Kent Milton S. Kent, MGRM
Signature and typed or printed name of signing managing member, manager, or authorized representative

5/18/06
Date

239-253-8996
Daytime Phone #

FILED

2006 MAY 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

