

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


5/4

FILED
Jun 07, 2006 8:00 am
Secretary of State

05-04-2006 90035 007 ****50.00

DOCUMENT # L05000056328

1. Entity Name
K & B DEVELOPMENT COMPANY LLC



Principal Place of Business Mailing Address
3496 LITTLE LEAF CT **3496 LITTLE LEAF CT**
SPRING HILL, FL 34609 **SPRING HILL, FL 34609**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-2943084 Not Applicable

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

6. Name and Address of Current Registered Agent

FORREST, KEITH T
3496 LITTLE LEAF CT
SPRING HILL, FL 34609

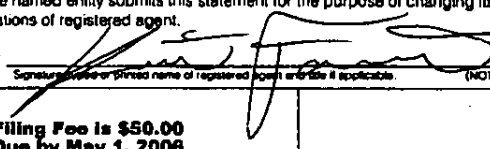
7. Name and Address of New Registered Agent

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  DATE

Signature of registered agent (Printed name of registered agent and title if applicable) (NOTE: Registered Agent 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FORREST, KEITH T 3496 LITTLE LEAF CT SPRING HILL, FL 34609 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FORREST, BEVERLY J 3496 LITTLE LEAF CT SPRING HILL, FL 34609 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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:  **KEITH FORREST** Date: **5/1/06** Daytime Phone #: **352-848-4189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L05000056328

1. Entity Name
K & B DEVELOPMENT-COMPANY LLC



COPY

30009776

| | |
|---|---|
| Principal Place of Business 3496 LITTLE LEAF CT SPRING HILL, FL 34609 | Mailing Address 3496 LITTLE LEAF CT SPRING HILL, FL 34609 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2943084

Applied For
 Not Applicable

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3496 LITTLE LEAF CT
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | <input type="checkbox"/> Delete |
|---------------------------------------|---------------------------|---------------------------------|
| TITLE NAME | MGR FORREST, KEITH T | <input type="checkbox"/> |
| STREET ADDRESS 3496 LITTLE LEAF CT | | |
| CITY-ST-ZIP SPRING HILL, FL 34609 | | |
| TITLE NAME | MGR FORREST, BEVERLY J | <input type="checkbox"/> |
| STREET ADDRESS 3496 LITTLE LEAF CT | | |
| CITY-ST-ZIP SPRING HILL, FL 34609 | | |
| TITLE NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 10. ADDITIONS / CHANGES | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------------------------|--|---------------------------------|-------------------------------------|
| TITLE NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____