## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000056328  1. Entity Name K & B DEVELOPMENT COMPANY LLC							05-04-200	6 90035 007 '	****50.00		
Principal Place 3496 LITTLE SPRING HILL,	LEAF CT		Mailing Address 3496 LITTLE LEAF CT SPRING HILL, FL 34609		JUUUJI I V						
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242006	Chg-LLC	CR2E083 (11/0	5)		
City & State			City & State		<del></del>	4. FEI Numbe	2943084	4	Applied For Not Applicable		
Zip	-	Country	Zip	ntry		of Status Desired		Additional			
	6. Name	and Address of Current	Registered Agent	bered Agent			7. Name and Address of New Registered Agent				
FORREST	VEITH T		_ 、		Name .	_			ييسي		
3496 LITTI SPRING H	LE LEAF (	CT	Street Addre		Street Address (	s (P.O. Box Number is Not Acceptable)					
						-	····	FL Zip C	ode		
A. The above	named entit	v submits this statement (	or the purpose of changing Ita	renister	ed office or register	and annual or hot	h in the State of Elec	· — ;	th and accept		
the obligat	ions of regisi	lered agent.	y the purpose of chariging its	idgistor	au unica ur register		III, FI BIG State OF FIO	KJG. TOUTIESTINGS WI	er, and accept		
SIGNATURE .	Server	or Street name of registered god	erfortion il application (NOT	E: Neglesere	d Agent algreture required	When reinstating)		ÖATZ			
Filing Fee is \$50.00 Due by May 1, 2006								check payable to Department of Si			
9.	,	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/0	CHANGES			
TITLE	MGR	T KEITH T	☐ Delete	TITL			•	☐ Chang	Addition		
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DOCUMENT # L05000056328  1. Entity Name K & B DEVELOPMENT-COMPANY LLC							)P		/	
Principal Plac		s	Mailing Address			2,	nnma	17	(0	
3496 LITTLE LEAF CT Spring Hill, Fl. 34609			3496 LITTLE LEAF CT Spring Hill, FL 34609			ر		<i>i</i>	Q	
2. Principal Place of Business .			3. Malling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242006	Chg-LLC	CR2E0	83 (11/05)	•
City & State			City & State		4. FEI Numbe	2943084	+		oplied For of Applicable	
'Zip		Country	Zip	Country		F	of Status Desired		\$5.00 Add	itional
· · · · · ·	6. Name	and Address of Current F				7. Name and Address of New Registered Agent				
FORREST, KEITH T 3496 LITTLE LEAF CT					Street Address (P.O. Box Number is Not Acceptable)					
SPRING H	IILL, FL 3	4609								
					City			FL	Zip Code	е
8. The above the obligat	named entity	y submits this statement for tered agent.	the purpose of changing its	register	ed office or register	red agent, or both	n, in the State of Flori	ida. I am f	amiliar with,	and accept
SIGNATURE .		-								
··································	Signature, typed	or printed name of registered agent a	nd the if applicable. (NOTE	. Hegistere	d Agent signature required	when reinstating)		DATE	in Gross	
Filing Fee is \$50.00 Due by May 1, 2006									ayable to ent of State	
9.	MGR	MANAGING MEMBER		10.			ADDITIONS/C	HANGES		
TITLE NAME		T, KEITH T	☐ Delete	TITLE	j				☐ Change	☐ Addition
STREET ADDRESS		TLE LEAF CT HILL, FL 34609			ET ADDRESS -ST-ZIP					
TITLE	MGR	TILL, FE 34009	□ Delete	TITLE					☐ Change	Addition
NAME		T, BEVERLY J		NAM	Ε				ور anangs	C 7 100111017
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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.										
CIONATURE										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylina Phone #										