

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000058581

Entity Name: KIM & KEVIN DISCHER LLC

FILED
Oct 09, 2006
Secretary of State

Current Principal Place of Business:

9599 NORTHEAST HIGHWAY 349
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

9599 NORTHEAST HIGHWAY 349
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 20-3041634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

DISCHER, KEVIN L MGR
9599 NE 349 HIGHWAY
OLD TOWN, FL 32680 US

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: KEVIN DISCHER

10/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DISCHER, KEVIN L
Address: 9599 NORTHEAST HIGHWAY 349
City-St-Zip: OLD TOWN, FL 32680

Title: MGR () Delete
Name: DISCHER, KIM
Address: 9599 NORTHEAST HIGHWAY 349
City-St-Zip: OLD TOWN, FL 32680

Title: ST () Delete
Name: DISCHER, KIM
Address: 9599 NORTHEAST HIGHWAY 349
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES:

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

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

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

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: KEVIN DISCHER

MGR

10/09/2006

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