

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065662

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** KJB, LLC

**Current Principal Place of Business:**

6910 SANDALWOOD LANE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6910 SANDALWOOD LANE  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROWN, HOWARD L ESQ  
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

BRICK, CHRISTINE L MGRM  
6910 SANDALWOOD LANE  
NAPLES, FL 34109 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: CHRISTINE L. BRICK

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      BRICK, CHRISTINE L MGRM  
Address:                      6910 SANDALWOOD LANE  
City-St-Zip:                      NAPLES, FL 34109 US

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: CHRISTINE L. BRICK

MGRM

04/27/2006

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