2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000083879

Entity Name: KIM, LLC

Current Principal Place of Business:

6721 CR 248
OBRIEN, FL 32071

New Principal Place of Business:

Current Mailing Address:

6721 CR 248
OBRIEN, FL 32071

New Mailing Address:

FEI Number: 68-0613903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MULVIHILL, GREG D
6721 CR 248
OBRIEN, FL 32071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MULVIHILL, GREG D	
Address:	6721 CR 248	
City-St-Zip:	OBRIEN, FL 32071 US	
Title:	MBRM	( ) Delete
Name:	KESTERKE, KIM	
Address:	2995 US 27	
City-St-Zip:	BRANFORD, FL 32008 US	
Title:	MGRM	( ) Delete
Name:	DEAN, TED	
Address:	115 WASHINGTON STREET	
City-St-Zip:	FORT WHITE, FL 32038 US	
Title:	MGRM	( ) Delete
Name:	TORANO, TOM A	
Address:	4394 284 STREET	
City-St-Zip:	BRANFORD, FL 32008 US	
Title:	MGRM	( ) Delete
Name:	SLATER, ADAM P	
Address:	3993 284TH TERRACE	
City-St-Zip:	BRANFORD, FL 32008 US	
Title:	MGRM	( ) Delete
Name:	MULVIHILL, TYLER G	
Address:	6721 CR 248	
City-St-Zip:	OBRIEN, FL 32008 US	

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:	
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: GREG D MULVIHILL MNGR 05/01/2006

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