

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90286 005 \*\*\*\*50.00

<b>DOCUMENT # L05000085384</b> 1. Entity Name <b>KHZ, LLC</b>																													
Principal Place of Business <b>4743 NORTH US HIGHWAY 441 LAKE CITY, FL 32055</b>				Mailing Address <b>P.O. BOX 2954 LAKE CITY, FL 32056</b>																									
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 5px;">30003936</div> <div style="margin-top: 10px;">             03132006    Chg-LLC    CR2E083 (11/05)           </div>																									
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number <div style="font-size: 18px; font-weight: bold;">13-4306695</div>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>																													
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 _____ (NOTE: Registered Agent signature required when releasing) <small>Signature, typed or printed name of registered agent and title if applicable.    DATE</small>																													
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 85%; padding: 2px;"> <b>MGR</b>  <b>ZUCCOLA, KIM</b>    <input type="checkbox"/> Delete  <b>4743 NORTH US HIGHWAY 441</b>  <b>LAKE CITY, FL 32055</b> </td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <b>ST</b>  <b>ZUCCOLA, KIM</b>    <input type="checkbox"/> Delete  <b>4743 NORTH US HIGHWAY 441</b>  <b>LAKE CITY, FL 32055</b> </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 85%; padding: 2px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition           </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr> </table> </div> </div>						TITLE	<b>MGR</b> <b>ZUCCOLA, KIM</b> <input type="checkbox"/> Delete <b>4743 NORTH US HIGHWAY 441</b> <b>LAKE CITY, FL 32055</b>	TITLE	<b>ST</b> <b>ZUCCOLA, KIM</b> <input type="checkbox"/> Delete <b>4743 NORTH US HIGHWAY 441</b> <b>LAKE CITY, FL 32055</b>	TITLE		TITLE		TITLE		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		TITLE		TITLE		TITLE	
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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.																													
<b>SIGNATURE:</b> <i>Kim Zuccola</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<div style="font-size: 24px; font-weight: bold;">3-15-06</div> <small>Date    Daytime Phone #</small>																									