

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092025

FILED
Apr 30, 2006
Secretary of State

Entity Name: KTS COLLABORATIVE, LLC

Current Principal Place of Business:

P. O. BOX 784013
WINTER GARDEN, FL 34778 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 784013
WINTER GARDEN, FL 34778 US

New Mailing Address:

FEI Number: 02-0750922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEATON, KEITH
17261 HEARTWOOD LOOP
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

WHEATON, KEITH
P.O. BOX 784013
WINTER GARDEN, FL 34778 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:

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHEATON, KEITH
Address: P.O. BOX 784013
City-St-Zip: WINTER GARDEN, FL 34778

Title: MGR () Delete
Name: WHEATON, TONI
Address: P.O. BOX 784013
City-St-Zip: WINTER GARDEN, FL 34778

Title: MGR () Delete
Name: WHEATON, SAMANTHA
Address: P.O. BOX 784013
City-St-Zip: WINTER GARDEN, FL 34778

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: TONI WHEATON

MGR

04/30/2006

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