2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State
02-27-2006 90431 005 ****50.00

DOCUMENT # L05000093572

1. Entity Name
KB EXCHANGE II, LLC

Principal Place of Business	Mailing Address
1990 MAIN STREET SUITE 801 SARASOTA FL 34236 US	1990 MAIN STREET SUITE 801 SARASOTA FL 34236 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
717 SUNNYBROOK DR.	717 SUNNYBROOK DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SIOUX FALLS, S.D	City & State: SIOUX FALLS, S.D
Zip: 57105 Country: USA	Zip: 57105 Country: USA

4. FEI Number: 20-3509288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 3403-A AVENIDA MADERA	Name: DAVID R MARTIN Street Address (P.O. Box Numbers Not Acceptable): ~~717 SUNNYBROOK DRIVE~~ 3403-A AVENIDA MADERA, BRADENTON FL 34210 City: ~~SIOUX FALLS, S.D~~ FL Zip Code: ~~57105~~

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: _____ DAVID R MARTIN 2-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOBLE, RICHARD 1990 MAIN STREET, SUITE 801 SARASOTA FL 34238	☒ Delete	MGRM DAVID R MARTIN 717 SUNNYBROOK DR. SIOUX FALLS, S.D 57105	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: DAVID R MARTIN 2-13-06 605-339-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PLEASE NOTE CORRECTIONS FOR 4 & 7 THANKS

* 4. 20-3509288

* 7. DAVID R MARTIN
6067 FAIRWAY LANE
BRADENTON, FLORIDA