

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/2

FILED
May 03, 2007 8:00 am
Secretary of State

04-20-2007 90032 042 ****50.00

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1. Entity Name
KIRBY PLACE, LLC



Principal Place of Business
**5111 RIDGEWOOD AVENUE
300
PORT ORANGE, FL 32127**

Mailing Address
**5111 RIDGEWOOD AVENUE
300
PORT ORANGE, FL 32127**

DO NOT WRITE IN THIS SPACE



01222007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-4652697

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, D. ANDREW
5111 RIDGEWOOD AVENUE
300
PORT ORANGE, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

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:

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
MGR
NAME
CLARK, D. ANDREW
STREET ADDRESS
5111 RIDGEWOOD AVENUE, #300
CITY - ST - ZIP
PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/11/07
DATE

Daytime Phone #