2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L05000102025

Entity Name: KC LLC

Current Principal Place of Business:

481 CALOOSA ESTATES DRIVE
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 407
ALVA, FL 33920

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

YODER, J.E.
2202 ISLE OF PINES AVENUE
FT. MYERS, FL 33905 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:	YODER, DAVID	
Address:	481 CALOOSA ESTATES DRIVE	
City-St-Zip:	LABELLE, FL 33935	
Title:	MGRM	( ) Delete
Name:	KATHY SUE FOSTER,	
Address:	481 CALOOSA ESTATES DRIVE	
City-St-Zip:	LABELLE, FL 33935	
Title:	MGRM	( ) Delete
Name:	CYNTHI LOU WAGNER,	
Address:	481 CALOOSA ESTATES DRIVE	
City-St-Zip:	LABELLE, FL 33935	

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: DAVID YODER MGR 05/02/2006

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