2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

1. Entity Name. KEN BRYARS LLC.						02-06-200	6 90171 020) ****50.00
Principal Place o 2655 MICHIGAN PENSACOLA, FL	n'ave 🐃	Mailing Address 2655 MICHIGAN AVE PENSACOLA, FL 32526		AND PROPERTY.		01115		
Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. W, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02032006	Chg-LLC	CR2E083 (11	1/05)
City & State		City & State	City & State		4. FEI Numl 20 - 3	Le 8894	•	Applied For Not Applicable
Zip Country		Zip	Zip Country		1	e of Status Desired	□ \$5.0 Fee Re	Additional equired
	6. Name and Address of Current	Registered Agent	egistered Agent Name		7. Name an	d Address of New Re	egistered Agent	
BRYARS, KE 2655 MICHIG PENSACOLA	GAN AVE A, FL 32526		Street Address		(P.O. Box Number is Not Acceptable)			
y na store i jak y k			- Cily -		*****		FL Zi	p Code
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 lamiliar with, and accept the obligations of registered agent.								
SIGNATURE Signature, rights or printed name of registered agent and 50s if applicable (NOTE: Registered Agent signature required when retralating) DATE								
Filli Que	ng Foo is \$50.00 b by May 1, 2006				-		check payable Department of	
9.	• MANAGING MEMBE		10.			ADDITIONS/0		
NAME B STREET ADDRESS 21	MGR BRYARS, KENNETH 2655 MICHIGAN AVE PENSACOLA, FL 32526	_ Deleta		·	٠		Ch	zange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •	☐ Delate		4			□ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		Delete					□ Ch	ange Addition
TITLE — NAME STREET ADDRESS CITY-ST-ZIP		- 🕡 Dekta -		I -			Ch	engs 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete		1			☐ Ch	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete		l l			Cha	ange Addition
11. I hereby certify that the information supplied with this filling 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. (850) SIGNATURE: LINE STATUTE BY STATUTE BY STATUTE BY STATUTE BY STATUTE DATE OF								



Affachmens 30001115

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

KEN BRYARS LLC. 2655 MICHIGAN AVE PENSACOLA, FL 32526

Subject: KEN BRYARS LLC.

Reference Number:

L05000102062

Please be advised, we have received your annual report/uniform business reportand your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number: A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION