


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90067 024 \*\*\*\*55.00

<b>DOCUMENT # L05000105300</b>	
1. Entity Name <b>KBD PROPERTIES, LLC</b>	

Principal Place of Business <b>151 SHERIDAN AVENUE LONGWOOD, FL 32750</b>	Mailing Address <b>P.O. BOX 521266 LONGWOOD, FL 32752-1266</b>
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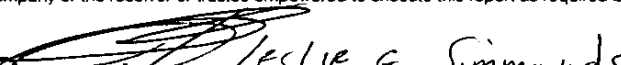
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
03282006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-3753986</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>XX</b>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>SIMMONDS, LESLIE G 860 EAST S.R. 434 LONGWOOD, FL 32750</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip 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 familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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.	
<b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	<b>3/29/06</b> <b>407-767-5987</b> Date Daytime Phone #