

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106763

FILED  
Sep 07, 2006  
Secretary of State

Entity Name: KIRBY STREET LLC

**Current Principal Place of Business:**

336 EAST END ROAD  
SAN MATEO, FL 32187

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 574  
SAN MATEO, FL 32187

**New Mailing Address:**

FEI Number: 03-0573179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

SMITH, THOMAS A  
336 EAST END ROAD  
SAN MATEO, FL 32187      US

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: MGRM      ( ) Delete  
Name: SMITH, THOMAS A  
Address: 336 EAST END ROAD  
City-St-Zip: SAN MATEO, FL 32187

Title: MGR      ( ) Delete  
Name: SMITH, LOUISE B  
Address: 336 EAST END ROAD  
City-St-Zip: SAN MATEO, FL 32187

Title: MGR      ( ) Delete  
Name: JUTRAS, J N  
Address: 310 PREMIER VISTA WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGR      ( ) Delete  
Name: VAN DOREN, GUY D  
Address: 82 WATER STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR      ( ) Delete  
Name: FREEMAN, LEONARD D  
Address: 422 RIVER STREET  
City-St-Zip: PALATKA, FL 32177

**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:

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: THOMAS A. SMITH

RA

09/07/2006

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