

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

05-22-2006 90208 021 \*\*\*\*50.00  
L05000107621

**FILED**

2006 JUL -5 P 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L05000107621</b> 1. Entity Name <b>KALEIDOSCOPE HOLDINGS, LLC</b>					
Principal Place of Business <b>3750 US 27 NORTH, STE. 9 SEBRING FL 33870</b>			Mailing Address <b>3750 US 27 NORTH, STE. 9 SEBRING FL 33870</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILKES, W. ROY 3750 US 27 NORTH, STE. 9 SEBRING FL 33870</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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILKES, W. ROY 3750 US 27 NORTH, STE. 9 SEBRING FL 33870</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/06

863  
382-2700

Daytime Phone #