

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108970

Entity Name: K&S HOUSING, LLC

FILED
Sep 14, 2006
Secretary of State

Current Principal Place of Business:

484 SW COMMERCE DR.
130 A
LAKE CITY, FL 32055

New Principal Place of Business:

426 SW COMMERCE DR.
LAKE CITY, FL 32055

Current Mailing Address:

PO BOX 2183
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

SIMQUE, AARON D
320 SW AINSLEY GLN
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

SIMQUE, AARON D
313 SW NIGHTSHADE DR
LAKE CITY, FL 32024 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:

09/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMQUE, AARON D
Address: 320 SW AINSLEY GLN
City-St-Zip: LAKE CITY, FL 32024

Title: MGR () Delete
Name: KAUTZ, MICHAEL L
Address: PO BOX 1191
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMQUE, AARON D
Address: 313 SW NIGHTSHADE DR
City-St-Zip: LAKE CITY, FL 32024

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: AARON SIMQUE

MGR

09/14/2006

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