# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 24, 2007**
**Secretary of State**

DOCUMENT# L06000001023

**Entity Name:** KENNETH LYNN FEISTER LLC

**Current Principal Place of Business:**

KENNETH LYNN FEISTER LLC
923 DUVAL ST.
LANTANA, FL 33465

**New Principal Place of Business:**

KENNETH LYNN FEISTER LLC
923 DUVAL ST.
LANTANA, FL 33462 US

**Current Mailing Address:**

KENNETH LYNN FEISTER LLC
PO BOX4305
LANTANA, FL 33465

**New Mailing Address:**

KENNETH LYNN FEISTER LLC
PO BOX4305
LANTANA, FL 33465 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
**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:**

FEISTER, KENNETH L
923 DUVAL STREET
LANTANA, FL 33465 US

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

FEISTER, KENNETH L
923 DUVAL STREET
LANTANA, FL 33462 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: 07/24/2007
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: FEISTER, KENNETH L
Address: 923 DUVAL STREET
City-St-Zip: LANTANA, FL 33465

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: FEISTER, KENNETH L
Address: 923 DUVAL STREET
City-St-Zip: LANTANA, FL 33462 US

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH LYNN FEISTER MGRM 07/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date