

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 05, 2008  
Secretary of State**

DOCUMENT# L06000012821

Entity Name: KENNETH LAWMASTER LLC

**Current Principal Place of Business:**

1624 S. KNOXVILLE AVENUE  
TULSA, OK 74112

**New Principal Place of Business:**

**Current Mailing Address:**

1624 S. KNOXVILLE AVENUE  
TULSA, OK 74112

**New Mailing Address:**

FEI Number: 20-4048185      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:**

LAWMASTER, KENNETH  
5400 RIVERSIDE DRIVE  
PUNTA GORDA, FL 33982      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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: LAWMASTER, KENNETH  
Address: 1624 S. KNOXVILLE AVENUE  
City-St-Zip: TULSA, OK 74112

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: LAWMASTER, DIANNA  
Address: 1624 S. KNOXVILLE AVENUE  
City-St-Zip: TULSA, OK 74112

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DIANNA LAWMASTER

MGRM

05/05/2008

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