

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90316 050 ****50.00

DOCUMENT # L06000038200 1. Entity Name KERCO LLC					
Principal Place of Business 8467 16TH SW AVENUE OCALA, FL 34476			Mailing Address 8467 16TH SW AVENUE OCALA, FL 34476		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01282007 Chg-LLC CR2E083 (12/06)	
Zip Country		Zip Country		4. FEI Number 20 4684753	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITE, RONALD C ESQ. 5348 FIRST AVENUE NORTH ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name Ray, Edward M Street Address (P.O. Box Number is Not Acceptable) 8467 SW 16th Ave City Ocala FL Zip Code 34476		
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 <u><i>Edward M. Ray</i></u> DATE <u>1/27/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAY, EDWARD 8385 S.W. 16TH AVENUE OCALA, FL 34476	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ray, Edward 8467 SW 16th Ave Ocala FL 34476
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Edward M. Ray</i></u> <u>Edward M. Ray</u>			Date <u>1/27/07</u> Daytime Phone # <u>352 237 0755</u>		