


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000039561	
1. Entity Name K & B INVESTMENTS FL, LLC	

Principal Place of Business 1765 BAYVIEW DRIVE NEW SMYRNA BEACH FL 32168	Mailing Address 1765 BAYVIEW DRIVE NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent	
PETRIE, KENNETH O JR. 1765 BAYVIEW DRIVE NEW SMYRNA BEACH FL 32168	

4. FEI Number 87-0770414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETRIE, KENNETH O JR. 1765 BAYVIEW DRIVE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000806276 02/06/08-80036-008 138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETRIE, BETTE A 1765 BAYVIEW DRIVE NEW SMYRNA BEACH FL 32168 <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 Bette A. Petrie Bette A. Petrie MGRM 1-28-08 1-386-426-5413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #