
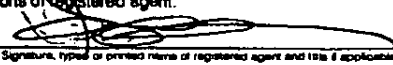


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

3/2

03-29-2007 90177 043 \*\*\*\*50.00

<b>DOCUMENT # L06000054233</b>					
<b>1. Entity Name</b> KJHB MANAGEMENT LLC					
<b>Principal Place of Business</b> 740 HIGHLAND DR ORANGE CITY, FL 32763			<b>Mailing Address</b> PO BOX 741095 ORANGE CITY, FL 32774-1095		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>4. FEI Number</b> 20-4815240				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  BEDNARSKI, K.J. 740 HIGHLAND DR ORANGE CITY, FL 32763				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE 				DATE <b>3-26-07</b>	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEDNARSKI, K.J. PO BOX 741095 ORANGE CITY, FL 327741095	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 606, Florida Statutes.</b>					
SIGNATURE 