2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007
Secretary of State

DOCUMENT# L06000058563

Entity Name: KUKLISH & ASSOCIATES, LLC

Current Principal Place of Business:

5555 WEST HIGHWAY 98
PENSACOLA, FL

New Principal Place of Business:

4051 BARRANCAS AVE
SUITE G
PENSACOLA, FL 32507

Current Mailing Address:

5555 WEST HIGHWAY 98
PENSACOLA, FL

New Mailing Address:

4051 BARRANCAS AVE
SUITE G
PENSACOLA, FL 32507

FEI Number: 20-5047774 **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:

HOFFMAN, LINDA A
% EMMANUAL, SHEPPARD & CONDON
30 SOUTH SPRING STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: KUKLISH, THOMAS
Address: 33224 EAST CARRIER
City-St-Zip: LILLIAN, AL 36549 US

Title: MRS. ( ) Change (X) Addition
Name: KUKLISH, KATHY
Address: 33224 EAST CARRIER
City-St-Zip: LILLIAN, AL 36549 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: THOMAS KUKLISH MR. 07/12/2007

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