
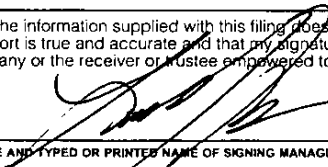


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90252 031 ****50.00

DOCUMENT # L06000079432			
1. Entity Name KABS OF PINELLAS, LLC			
Principal Place of Business 2812 EAST BEARSS TAMPA, FL 33613		Mailing Address 2812 EAST BEARSS TAMPA, FL 33613	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISHOLA, OLABODE A. 2812 EAST BEARSS TAMPA, FL 33613		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D BRAMLET, DALE G.
STREET ADDRESS		STREET ADDRESS	6161 DR. MARTIN LUTHER KING JR. ST. NO.
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	<input type="checkbox"/> Delete	TITLE	S, CFO
NAME		NAME	KIMMITT JR., L. ALLEN
STREET ADDRESS		STREET ADDRESS	6161 DR. MARTIN LUTHER KING JR. ST. NO.
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		L. ALLEN KIMMITT JR., CFO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #
		5/1/07	(727) 521-9200

