
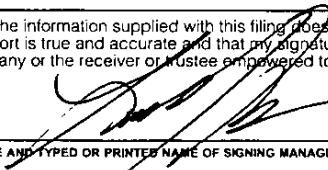


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L06000079432					
1. Entity Name <b>KABS OF PINELLAS, LLC</b>					
Principal Place of Business <b>2812 EAST BEARSS TAMPA, FL 33613</b>			Mailing Address <b>2812 EAST BEARSS TAMPA, FL 33613</b>		
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	4. FEI Number <b>20-5373281</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ISHOLA, OLABODE A.</b> <b>2812 EAST BEARSS</b> <b>TAMPA, FL 33613</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>D</b> <b>BRAMLET, DALE G.</b> <b>6161 DR. MARTIN LUTHER KING JR. ST. NO.</b> <b>ST. PETERSBURG, FL 33703</b>		
			<b>S, CFO</b> <b>KIMMITT JR., L. ALLEN</b> <b>6161 DR. MARTIN LUTHER KING JR. ST. NO.</b> <b>ST. PETERSBURG, FL 33703</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 608, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>L. ALLEN KIMMITT JR., CFO</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>5/1/07</b> (727) <b>521-9200</b> <small>Daytime Phone #</small>		