


FILED
Apr 12, 2007 8:00 am
Secretary of State

03-15-2007 90134 038 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000080414			
1. Entity Name K & S RIDER, LLC			
Principal Place of Business 10770 S.W. 11TH COURT DAVIE, FL 33324		Mailing Address 10770 S.W. 11TH COURT DAVIE, FL 33324	
2. Principal Place of Business - No P.O. Box # 10770 SW 11th Ct Suite, Apt. #, etc.		3. Mailing Address 10770 SW 11th Ct Suite, Apt. #, etc.	
City & State Davie FL		City & State Davie FL	
Zip 33324	Country USA	Zip 33324	Country USA
4. FEI Number 20-5413870		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIDER, RONALD K 10770 S.W. 11TH COURT DAVIE, FL 33324		7. Name and Address of New Registered Agent 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 <u><i>Ronald K Rider</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and fee 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 NAME STREET ADDRESS CITY - ST - ZIP MANAGING MEMBER 1 RONALD K RIDER 10770 SW 11th Ct Davie FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MANAGING MEMBER 2 BABRINA RIDER 10770 SW 11th Ct Davie FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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: <u><i>Ronald K Rider</i></u> RONALD K RIDER 3/6/07 (954) 588-4493 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			