


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L99000005358 | |  |
| 1. Entity Name KLB, L.L.C. | | |
| Principal Place of Business 10945 W. COLONIAL DRIVE OCOE, FL 34761 | Mailing Address 10945 W. COLONIAL DRIVE OCOE, FL 34761 | |
| DO NOT WRITE IN THIS SPACE | |  |
| | | 03222006 No Chg-LLC CR2E083 (11/05) |
| | | 4. FEI Number 59-3596766 |
| | | <input type="checkbox"/> 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 KRISAN, JEFF 10945 W COLONIAL DR OCOE, FL 34761 | | DO NOT WRITE IN THIS SPACE |
| 6. 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> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KRISAN, KIMBERLY 10945 W. COLONIAL DRIVE OCOE, FL | |
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| 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:  | | 3-22-2006 (407)347-0140 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> |