


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000005358</b> 1. Entity Name KLB, L.L.C.	
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Principal Place of Business 10945 W. COLONIAL DRIVE OCOE, FL 34761	Mailing Address 10945 W. COLONIAL DRIVE OCOE, FL 34761
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**DO NOT WRITE IN THIS SPACE**



01172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3596766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

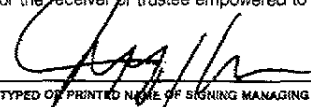
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRISAN, KIMBERLY 10945 W. COLONIAL DRIVE OCOE, FL
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01/22/07-80065-019 50.00

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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:**  **JEFF KRISAN** 1/18/2007 407-905-4538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #