

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009236

FILED
Jul 13, 2005
Secretary of State

Entity Name: K INDUSTRIES, L.L.C.

Current Principal Place of Business:

1640 AUSTRALIAN AVENUE
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1640 AUSTRALIAN AVENUE
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 65-1000606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARL L.C. KAH III
1640 AUSTRALIAN AVE.
RIVIERA, FL 33404 US

Name and Address of New Registered Agent:

KAH, CARL L.C. III
1640 AUSTRALIAN AVE.
RIVIERA, FL 33404 US

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.

SIGNATURE: CARL L.C. KAH, III

07/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAH, CARL L.C. JR
Address: 1640 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: MGRM () Delete
Name: KAH, SHIRLEY J
Address: 1640 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARL L.C. KAH, III

PD

07/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date