

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043038

Entity Name: KWEST PARTNERS, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

633 FISHING CREEK VALLEY ROAD
HARRISBURG, PA 17112 US

New Principal Place of Business:

Current Mailing Address:

633 FISHING CREEK VALLEY ROAD
HARRISBURG, PA 17112 US

New Mailing Address:

FEI Number: 20-2774413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PASCOTTI, ANTHONY A
Address: 633 FISHING CREEK VALLEY ROAD
City-St-Zip: HARRISBURG, PA 17112 US

Title: MGR () Delete
Name: GALIARDO, FREDERICK T
Address: 633 FISHING CREEK VALLEY ROAD
City-St-Zip: HARRISBURG, PA 17112 US

Title: MGR () Delete
Name: NOVINGER, JAMES D
Address: 633 FISHING CREEK VALLEY ROAD
City-St-Zip: HARRISBURG, PA 17112 US

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: ANTHONY A. PASCOTTI

MGR

01/07/2008

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