
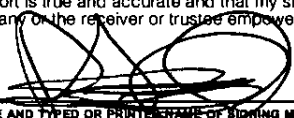


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90045 023 ****50.00

DOCUMENT # L05000050910					
1. Entity Name KGD, LLC					
Principal Place of Business 500 SEABRIGHT AVE SUITE 105 SANTA CRUZ, CA 95062			Mailing Address 500 SEABRIGHT AVE SUITE 105 SANTA CRUZ, CA 95062		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07022007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-3004434	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, ANDY		NAME		
STREET ADDRESS	4140 COURB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CRUZ, CA 95042		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDIEGO, BRIAN		NAME		
STREET ADDRESS	3672 TIFFANI COURT		STREET ADDRESS		
CITY-ST-ZIP	SANTA CRUZ, CA 95065		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAECKLE, PETER		NAME		
STREET ADDRESS	206 MIRADA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	APTOS, CA 95003		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCATELLI, PAUL		NAME		
STREET ADDRESS	1 FOXSPARROW COURT		STREET ADDRESS		
CITY-ST-ZIP	SCOTTS VALLEY, CA 95060		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Peter Gaeckle 8/21/2007 (831) 460-0202		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #