


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90024 021 \*\*\*138.75

|   |   |
|---|---|
| DOCUMENT # L06000027561                   |  |
| 1. Entity Name<br>KLF TRUST HOLDINGS, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>10407 CENTURION PARKWAY N<br>SUITE 112<br>JACKSONVILLE, FL 32256 US | Mailing Address<br>10407 CENTURION PARKWAY N<br>SUITE 112<br>JACKSONVILLE, FL 32256 US |
|--|--|

**50005330**



|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br>10245 Centurion Parkway N.<br>Suite, Apt. #, etc.<br>Suite 305 | 3. Mailing Address<br>10245 Centurion Parkway North<br>Suite, Apt. #, etc.<br>Suite 305 |
|--|---|

04282008 Chg-LLC CR2E083 (12/06)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>Jacksonville, FL | City & State<br>Jacksonville, FL |
| Zip<br>32256                     | Country                          |
| Zip<br>32256                     | Country                          |

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-4505856                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>                                  |
| KEASLER, FRANK R JR<br>10407 CENTURION PARKWAY N<br>SUITE 112<br>JACKSONVILLE, FL 32256 |

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b>  |
| Name  |
| Street Address (P.O. Box Number is Not Acceptable)<br>10245 Centurion Parkway North Suite 305 |
| City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KLF BUSINESS TRUST<br><del>10407 CENTURION PARKWAY N, SUITE 112</del><br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10245 Centurion Parkway North, Suite 305 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: Frank R. Keaster, Jr.  4/28/08 904 339 0255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #