

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000955

1. Entity Name
KD DEVELOPMENT, L.C.

FILED

01 JAN 16 AM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1550 CREIGHTON RD., STE. 4
PENSACOLA FL 32504

Mailing Address
1550 CREIGHTON RD., STE. 4
PENSACOLA FL 32504

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3415158**

Applied For Not Applicable

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN MATRE, THOMAS G JR.
4300 BAYOU BOULEVARD, SUITE 16
PENSACOLA FL 32503

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM HOFFMAN, TERRY G**
STREET ADDRESS **3121 HIGHWAY 297-A**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM SPRAGUE, RICHARD D**
STREET ADDRESS **290 PLANTATION HILL ROAD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM SPRAGUE, WILLIAM R**
STREET ADDRESS **290 PLANTATION HILL ROAD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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 628, Florida Statutes.

SIGNATURE: *Terry Hoffman* **TERRY HOFFMAN** 1/10/01 850-478-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (11/00)