


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000955

1. Entity Name
KD DEVELOPMENT, L.C.



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

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

DO NOT WRITE IN THIS SPACE



07022004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3415158	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

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

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$50.00
Due by September 8, 2004**

000000164671
07/08/04-80018-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMAN, TERRY G 3121 HIGHWAY 297-A CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRAGUE, RICHARD D 290 PLANTATION HILL ROAD GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRAGUE, WILLIAM R 290 PLANTATION HILL ROAD GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: X  **7/5/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #