

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90285 002 ****50.00

DOCUMENT # L99000000955

1. Entity Name
KD DEVELOPMENT, L.C.



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

20008250



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
59-3557693 Not Applicable

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent

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 May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS **26 Highpoint Drive**
 CITY-ST-ZIP **Gulf Breeze, FL 32561**

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

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS **26 Highpoint Drive**
 CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE _____ Delete
 NAME _____
 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 _____

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 608, Florida Statutes.

SIGNATURE: _____ **1/31/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #