


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008 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



01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
 59-3415158

Applied For
 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

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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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOFFMAN, TERRY G 2210 DOVEFILED DR PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPRAGUE, RICHARD D 26 HIGHPOINT DR GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPRAGUE, WILLIAM R 4279 CONRADINA DR GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/08/08-80033-010 138.75

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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: _____ **11/31/08** **850-478-7818**

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