

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000955

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: KD DEVELOPMENT, L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3557693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOFFMAN, TERRY G  
Address: 2210 DOVEFILED DR  
City-St-Zip: PENSACOLA, FL 32534

Title: MGRM ( ) Delete  
Name: SPRAGUE, RICHARD D  
Address: 28 HIGHPOINT DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM ( ) Delete  
Name: SPRAGUE, WILLIAM R  
Address: 4279 CONRADINA DR  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY G. HOFFMAN

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date