

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90349 001 ***200.00

DOCUMENT # M03000004336

1. Entity Name
SSGP HOLDINGS, LLC



00000000

Principal Place of Business
841 PRUDENTIAL DRIVE, SUITE 150
JACKSONVILLE, FL 32207

Mailing Address
841 PRUDENTIAL DRIVE, SUITE 150
JACKSONVILLE, FL 32207



2. Principal Place of Business
841 Prudential Drive

3. Mailing Address
841 Prudential Drive

Suite, Apt. #, etc.
Ste 1300

Suite, Apt. #, etc.
Ste 1300

01052006 Chg-LLC CR2E083 (11/05)

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
20-0511087

Zip
32207

Country
USA

Zip
32207

Country
USA

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

DOUGLAS, JEFFREY R
841 PRUDENTIAL DRIVE, SUITE 150
JACKSONVILLE, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

841 Prudential Drive

Ste 1300

City Jacksonville

FL

Zip Code 32207

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

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

3-16-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KDD HOLDINGS, LLC
841 PRUDENTIAL DRIVE, SUITE 150
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
841 Prudential Dr Ste 1300
Jacksonville FL 32207

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-16-06 561 252 9905

Date

Daytime Phone #