## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000004765

1. Entity Name

KILCOYNE 301 PROPERTIES, LLC



Principal Place of Business

11780 TAMPA GATEWAY BLVD. SEFFNER, FL 33584 Mailing Address

11780 TAMPA GATEWAY BLVD. SEFFNER, FL 33584

## FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90015 046 \*\*\*138.75

PANCOSAA



04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3566295

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, DANIEL D 'C/O CAREY, O'MALLEY, WHITAKER & MANSON, PA 712 SOUTH OREGON AVENUE TAMPA, FL 33606

| DO | NOT  | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| <i>*</i>                                       | er en  |                  |   |
|--|--|------------------|---|
| 8. The above the obligat                       | named entity submits this statement for the purpose of changi<br>ions of registered agent. | ing its register | ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if applicable,              | (NOTE: Registere | d Agent signature required when reinstating) DATE   |
|  | NOW!!! FEE IS \$138.75<br>/ 1, 2008 Fee will be \$538.75                                   |                  |   |
| 9.   | MANAGING MEMBERS/MANAGERS  |                  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>KILCOYNE, DAVID F<br>11780 TAMPA GATEWAY BLVD.<br>SEFFNER, FL 33584                 |                  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                  | DO NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |                  | IN THIS SPACE   |
| TITLE NAME . STREET ADDRESS CITY-ST-ZIP        |  |                  |   |
| TITLE NAME STREET ADDRESS                      |  |                  |   |

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: JAVICE FKILE
BIGNATURE AND TYPED OR PRINTED NAME OF SEENING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/16/08

813-980-3673

Daytime Phone #