2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018313

1. Entity Name

KGC DEVELOPMENT PARTNERS, LLC



Principal Place of Business

712 S. OREGON AVENUE, SUITE 200 **TAMPA, FL 33606**

Mailing Address

712 S. OREGON AVENUE, SUITE 200 TAMPA, FL 33606

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90119 012 ****50.00

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04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 71-0892022 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H 37837 MERIDIAN AVENUE, SUITE 314 DADE CITY, FL 33525

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	nging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and	d accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
anginature, system or privince name or registereor agent and more a applicature.	(NOTE: negistered Agera signature required when reinstating)	DATE	

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUSEN, W. ANDREW JR. 712 S. OREGON AVENUE, SUITE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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