

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005374

FILED  
May 01, 2008  
Secretary of State

Entity Name: KW MERCHANDISING, LLC

**Current Principal Place of Business:**

321 WILLIAMS STREET  
FREDERICKSBURG, VA 22401

**New Principal Place of Business:**

110 HUNTER LANE  
FREDERICKSBURG, VA 22405

**Current Mailing Address:**

PO BOX 1777  
FREDERICKSBURG, VA 22402

**New Mailing Address:**

FEI Number: 16-1654490      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WHITE, DANIEL T  
1304 N.W. 98TH TERRACE  
GAINESVILLE, FL 32606 US

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: MGR ( ) Delete  
Name: WILLIAMS, EMILY G VP  
Address: PO BOX 1777  
City-St-Zip: FREDERICKSBURG, VA 22402

Title: MGR ( ) Delete  
Name: WILLIAMS, THOMAS KELLER PRES.  
Address: PO BOX 1777  
City-St-Zip: FREDERICKSBURG, VA 22402

**ADDITIONS/CHANGES:**

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: EMILY WILLIAMS

MRS.

05/01/2008

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