

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90071 005 ****50.00

DOCUMENT # L03000020131					
1. Entity Name KCP MIDDLEBURG, LLC					
Principal Place of Business 13960 MANDARIN ROAD JACKSONVILLE, FL 32223			Mailing Address 13960 MANDARIN ROAD JACKSONVILLE, FL 32223		
2. Principal Place of Business 108 Kingsley Ave.		3. Mailing Address 108 Kingsley Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orange Park, FL		City & State Orange Park, FL		4. FEI Number 83-0366141	
Zip 32073		Country Clay		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PADMANABHAN, JAYALAKSHMI 13960 MANDARIN ROAD JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent Name: Padmanabhan, Jayalakshmi Street Address (P.O. Box Number is Not Acceptable): 108 Kingsley Ave. City: Orange Park FL Zip Code: 32073		
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: <u>Jayalakshmi Padmanabhan</u> DATE: <u>April 22, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: ASHOK PADMANABHAN NAME: ASHOK PADMANABHAN STREET ADDRESS: 108 KINGSLEY AVE CITY-ST-ZIP: ORANGE PARK FL 32073	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: Director NAME: Jayalakshmi Padmanabhan STREET ADDRESS: 108 Kingsley Avenue CITY-ST-ZIP: Orange Park, FL 32073	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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: <u>Jayalakshmi Padmanabhan</u> DATE: <u>April 22, 2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					