


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90275 002 \*\*\*\*50.00

<b>DOCUMENT # L03000020131</b> 1. Entity Name KCP MIDDLEBURG, LLC	
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Principal Place of Business 108 KINGSLEY AVE. ORANGE PARK, FL 32073	Mailing Address 108 KINGSLEY AVE. ORANGE PARK, FL 32073
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**DO NOT WRITE IN THIS SPACE**

20028200



01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 83-0366141	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PADMANABHAN, JAYALAKSHMI 108 KINGSLEY AVE. ORANGE PARK, FL 32073
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADMANABHAN, ASHOK 108 KINGSLEY AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADMANABHAN, JAYALAKSHMI 108 KINGSLEY AVE ORANGE PARK, FL 32073
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**DO NOT WRITE  
IN THIS SPACE**

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: J. Padmanabhan  
Managing member

1-25-2005

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

Date

Daytime Phone #