2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 21, 2006 08:00 AM Secretary of State

HININ	JAL RE	LOVI	
DOCUMENT # L03000	024373		
1. Entity Name KWF FOUR, LLC	-	1	

Principal Place of Business

Mailing Address

2070 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703 2070 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703

04172006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	
	01-0789832	

4-20-06

Daytime Phone 4

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, KENNETH L 2070 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703

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the obligat	tions of registered agent.	4-20-06		
SIGNATURE.	Signature, typed ox printed nemo of registered agent and fifte it equincable.	(NOTE: Registered Agent signature required when veinstating)		DATE
F	iling Fee is \$50.00 ue by May 1, 2006		;	\ \ \ \
9.	MANAGING MEMBERS/MANAGERS		20000	30523633
THILE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, KENNETH L 2070 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703		05/03/00	3-80080-013 50.60
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WI	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPA	ACE
title Name Sireet address City-St-Zip			;	``````````````````````````````````````
Title Name Street address City-St-Zrp			:	:
11. I hereby of indicated	early that the information supplied with this filling does not que on this report is true and accurate and that my signature sha	alify for the exemptions contained in Chapter 119, Fill have the same legal effect as it made under oath;	iorida Statutes, 1 t Ihal I am a mane	urther certify that the information iging member or manager of the

8. The above named entry submits this statement for the purpose of opening its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept