



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000032075 1. Entity Name KIDD TUCKER REAL ESTATE GROUP, L.L.C.	
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Principal Place of Business 2074 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	Mailing Address 2057 DELTA WAY TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE

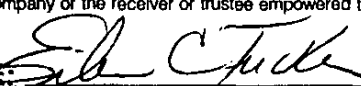
	
01292007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 56-2390719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TUCKER, EILEEN C 1224 STONEHURST WAY TALLAHASSEE, FL 32312

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	U00000648753 03/07/07-80022-012 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIDD, WILLIAM J MR. 2074 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIDD, NEVA F MRS. 2074 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, HARRY L DR. 1224 STONEHURST WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, EILEEN C MRS. 1224 STONEHURST WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____ Daytime Phone # _____