


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90483 015 \*\*\*\*50.00

<b>DOCUMENT # L03000050473</b> 1. Entity Name <b>KDD HOLDINGS, LLC</b>					
Principal Place of Business <b>841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207</b>			Mailing Address <b>841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>20-0449144</b>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DOUGLAS, JEFFREY R 841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name <b>Harold Dault</b> Street Address (P.O. Box Number is Not Acceptable) <b>841 Prudential Dr Ste 1300</b> City <b>Jacksonville</b> FL Zip Code <b>32207</b>		
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><i>Harold Dault</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>1-5-07</b>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DOUGLAS, JEFFREY R 841 PRUDENTIAL DR STE. 1300 JACKSONVILLE, FL 32207</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Harold Dault 841 Prudential Dr Ste 1300 Jacksonville, FL 32207</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <u><i>Harold Dault</i></u>			Date <b>1-5-07</b> Daytime Phone # <b>904 398-7330</b>		

60022486



01052007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Harold Dault**

Street Address (P.O. Box Number is Not Acceptable)

**841 Prudential Dr Ste 1300**

City **Jacksonville**

FL

Zip Code **32207**

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

Signature, typed or printed name of registered agent also use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
DOUGLAS, JEFFREY R  
841 PRUDENTIAL DR STE. 1300  
JACKSONVILLE, FL 32207**

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Harold Dault  
841 Prudential Dr Ste 1300  
Jacksonville, FL 32207**

☒ Change ☐ Addition

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SIGNATURE:

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

Date

Daytime Phone #