


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000002132 1. Entity Name KGRANT, L.L.C.	
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Principal Place of Business 114 CAROLYN AVENUE PANAMA CITY BEACH, FL 32407	Mailing Address 114 CAROLYN AVENUE PANAMA CITY BEACH, FL 32407
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DO NOT WRITE IN THIS SPACE



05082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2667489	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GRANT, KAREN T 114 CAROLYN AVENUE PANAMA CITY BEACH, FL 32407
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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 N/A (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	000000951117 06/04/08-80020-005 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT, KAREN T TRUSTEE 114 CAROLYN AVENUE PANAMA CITY BEACH, FL 32407
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IN THIS SPACE**

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: Karen T. Grant Date 5/8/08 (888) 234-8712

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