

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003654

Entity Name: KDF STRATEGIES, LLC

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

9430 LIVE OAK PLACE
408
FORT LAUDERDALE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

9430 LIVE OAK PLACE
408
FORT LAUDERDALE, FL 33324 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORSTER, KATRIN D
9430 LIVE OAK PLACE
408
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FORSTER, KATRIN D
Address: 9430 LIVE OAK PLACE, STE. 408
City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: MGRM () Delete
Name: FORSTER, TATJANA
Address: 9430 LIVE OAK PLACE, STE. 408
City-St-Zip: FORT LAUDERDALE, FL 33324 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORSTER, KATRIN D
Address: 9430 LIVE OAK PLACE, STE. 408
City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: MGR (X) Change () Addition
Name: FORSTER, TATJANA
Address: 9430 LIVE OAK PLACE, STE. 408
City-St-Zip: FORT LAUDERDALE, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KATRIN D. FORSTER

MGRM

03/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date