


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90125 010 \*\*\*138.75

<b>DOCUMENT # L04000014532</b> 1. Entity Name KGR, L.L.C.					
Principal Place of Business <del>1757 GLENWICK DRIVE</del> <del>WINDERMERE, FL 34786</del>				Mailing Address <del>1757 GLENWICK DRIVE</del> <del>WINDERMERE, FL 34786</del>	
2. Principal Place of Business - No P.O. Box # <u>11265 Bridgehouse Rd</u>		3. Mailing Address <u>11265 Bridgehouse Rd</u>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <u>Windermere, FL</u>		City & State <u>Windermere, FL</u>		4. FEI Number 06-1722295	
Zip <u>34786</u>		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  FLANAGAN, GREGORY S 2701-SOUTHEAST-MARICAMP ROAD, SUITE 104 OCALA, FL 34471				7. Name and Address of New Registered Agent Name <u>KUCHAKULLA, N. REDDY</u> Street Address (P.O. Box Number is Not Acceptable) <u>11265 BRIDGEHOUSE RD</u> <u>WINDERMERE</u> City <u>FL</u> Zip Code <u>34786</u>	
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>KUCHAKULLA, N. REDDY MGM.</u> <u>4/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete KUCHAKULLA N. REDDY & GEETHA R. KUCHAKULLA <del>1757 GLENWICK DRIVE</del> WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>11265 Bridgehouse Rd.</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4/9/08</u> <u>352-239-0916</u> <small>Date Daytime Phone #</small>		