

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016174

Entity Name: K W DEVELOPMENT, LLC

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

1323 W FLETCHER AVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

1323 W FLETCHER AVE
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 56-2437840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, ERICA
1323 W FLETCHER AVE
TAMPA, FL 33612 US

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/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, ERICA
Address: 11967 PASCO TRAILS BLVD
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM () Delete
Name: WILLIAMS, JAYME
Address: 11967 PASCO TRAILS BLVD
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM () Delete
Name: KILMER, EDWARD J
Address: 1323 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDWARD J. KILLMER JR.

MGRM

05/06/2008

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