


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90151 022 ****55.00

DOCUMENT # L04000024256					
1. Entity Name KCD, LLC					
Principal Place of Business 4338 3RD ST LANE N.W. HICKORY, NC 28601			Mailing Address 4338 3RD ST LANE N.W. HICKORY, NC 28601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0897537	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREGORY, C. NEIL ESQ TRIANON CENTRE, THIRD FLOOR 850 PARK SHORE DR. NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLER, MARY CATHERINE <input type="checkbox"/> Delete 4338 THIRD STREET LANE NW HICKORY, NC 28601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLER, DOUGLAS A <input type="checkbox"/> Delete 4338 THIRD STREET LANE NW HICKORY, NC 28601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, MARY KIM <input type="checkbox"/> Delete 5673 N PENNSYLVANIA STREET INDIANAPOLIS, IN 46220				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mary Kim Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8781 Hewes Place Indianapolis, Indiana 46250				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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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.					
SIGNATURE: <i>Mary Catherine Eller</i> <i>Mary Catherine Eller</i> 2/3/06 (828) 324-7767					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					