## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Apr 22, 2008 08:00 AN ate

DOCL 1. Entity Na KENDZO		167		Secretary of St
77 ALMERIA	ce of Business A STREET INE, FL 32084	Mailing Address 77 ALMERIA STREET ST. AUGUSTINE, FL 32084		 
DO NOT WRITE IN THIS SPA			CE	03072008 No Chg-LLC CR2E083 (12/07)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA STREET ST AUGUSTINE, FL 32084				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. If am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75				
9. THEE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR KENDZOR, ROGER M 363 SPRING CREEK ROAD SUMMERVILLE, GA 30747 MGRM KENDZOR, KAY J 363 SPRING CREEK ROAD SUMMERVILLE, GA 30747	RS/MANAGERS		000000914923 05/08/08-80075-015 138.75
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE

11. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> KOGER M. KENDZOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

706-822-9969

Daytime Phone #