


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000043737 1. Entity Name KCH TAX CERTIFICATES - 1 LLC	
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Principal Place of Business 8960 BAY COLONY DR #502 NAPLES, FL 34108	Mailing Address 8960 BAY COLONY DR #502 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1221086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HURDLE, KATHLEEN 8960 BAY COLONY DR #502 NAPLES, FL 34108
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURDLE, KATHLEEN 8960 BAY COLONY DR #502 NAPLES, FL 34108
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<p>U000000728390 05/07/07-80015-010 50.00</p> DO NOT WRITE IN THIS SPACE

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: *Kathleen C. Hurdle*

4-9-07

(419)-756-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kathleen C. Hurdle