

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90096 007 \*\*\*138.75

<b>DOCUMENT # L04000043741</b> 1. Entity Name <b>KCH TAX CERTIFICATES - 4 LLC</b>					
Principal Place of Business <b>8960 BAY COLONY DR #502 NAPLES, FL 34108</b>				Mailing Address <b>8960 BAY COLONY DR #502 NAPLES, FL 34108</b>	
2. Principal Place of Business - No P.O. Box # <b>9130 Galleria Court</b> Suite, Apt. #, etc. <b>Suite 326</b>		3. Mailing Address <b>P. O. Box 3774</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b>		City & State <b>Mansfield, OH</b>		4. FEI Number <b>20-1221255</b>	
Zip <b>34109</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HURDLE, KATHLEEN C 8960 BAY COLONY DR #502 NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent Name <b>same</b> Street Address (P.O. Box Number is Not Acceptable) <b>9130 Galleria Court</b> Suite 326 City <b>Naples</b> <b>FL</b> Zip Code <b>34109</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>HURDLE, KATHLEEN C</b> <b>8960 BAY COLONY DR #502</b> <b>NAPLES, FL 34108</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>same</b> <b>9130 Galleria Court, Suite 326</b> <b>Naples, FL 34109</b> <input checked="" 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	
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.					
<b>SIGNATURE: <u>Kathleen C. Hurdle</u></b>			<b>4/10/08 419-756-8166</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		