


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-15-2008 90096 006 ***138.75

DOCUMENT # L04000043742 1. Entity Name KCH TAX CERTIFICATES - 5 LLC																																																																																																																																																																																			
Principal Place of Business 8960 BAY COLONY DR #502 NAPLES, FL 34108			Mailing Address 8960 BAY COLONY DR #502 NAPLES, FL 34108																																																																																																																																																																																
2. Principal Place of Business - No P.O. Box # 9130 Galleria Court Suite, Apt. #, etc. Suite 326		3. Mailing Address P. O. Box 3774 Suite, Apt. #, etc. 																																																																																																																																																																																	
City & State Naples, FL		City & State Mansfield, OH		4. FEI Number 20-1221296																																																																																																																																																																															
Zip 34109		Country US		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			7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 9130 Galleria Court Suite 326 City Naples FL Zip Code 34109																																																																																																																																																																																
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 _____																																																																																																																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">MGR HURDLE, KATHLEEN</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">same</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HURDLE, KATHLEEN</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">same</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">8960 BAY COLONY DR #502</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">9130 Galleria Court, Suite 326</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">NAPLES, FL 34108</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Naples, FL 34109</td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR HURDLE, KATHLEEN	<input type="checkbox"/> Delete	TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HURDLE, KATHLEEN		NAME	same		STREET ADDRESS	8960 BAY COLONY DR #502		STREET ADDRESS	9130 Galleria Court, Suite 326		CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples, FL 34109								TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Kathleen C. Hurdle</u> 4/10/08 419-757-8166 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																																																																			