

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

City & State
Naples, FL

Zip 34109 Country US

3. Mailing Address
P. O. Box 3774

Suite, Apt. #, etc.

City & State
Mansfield, OH

Zip 44907 Country US

03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1221296

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURDLE, KATHLEEN
8960 BAY COLONY DR #502
NAPLES, FL 34108

Name
same

Street Address (P.O. Box Number is Not Acceptable)
9130 Galleria Court

Suite 326

City Naples Zip Code FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reassigning)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HURDLE, KATHLEEN
STREET ADDRESS 8960 BAY COLONY DR #502
CITY-ST-ZIP NAPLES, FL 34108

10. ADDITIONS/CHANGES

Change Addition
TITLE same
NAME 9130 Galleria Court, Suite 326
STREET ADDRESS Naples, FL 34109
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition
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Change Addition
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: *Kathleen C. Hurdle*

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

4/10/08 419-757-8166
Date Daytime Phone #