

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061181

Entity Name: KRD DEVELOPMENT, LLC.

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

10370 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

308 S. HARBOR CITY BLVD, STE A
MELBOURNE, FL 32901

Current Mailing Address:

10370 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Mailing Address:

308 S. HARBOR CITY BLVD, STE A
MELBOURNE, FL 32901

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOULE, REX E ESQ
440 SOUTH BADCOCK STREET
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOWDELL, BRIAN C MD
Address: 10370 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGR (X) Delete
Name: DOWDELL, ANGELLQUE M
Address: 10370 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DOWDELL, BRIAN C MD
Address: 308 S HARBOR CITY BLVD STE A
City-St-Zip: MELBOURNE, FL 32901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN C. DOWDELL MD

MGR

03/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date