


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90027 007 ****50.00

DOCUMENT # L04000063296 1. Entity Name K-D MINERALS, LLC					
Principal Place of Business 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606-2543			Mailing Address 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606-2543		
2. Principal Place of Business 1414 W. SWANN AVE Suite, Apt. #, etc. SUITE 100 City & State TAMPA FL Zip 33606		3. Mailing Address 1414 W. SWANN AVE Suite, Apt. #, etc. SUITE 100 City & State TAMPA FL Zip 33606		4. FEI Number 59-2540834 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUSEN, W. ANDREW JR 712 SOUTH OREGON AVENUE, SUITE 200 TAMPA, FL 33606-2543				7. Name and Address of New Registered Agent Name KRUSEN, W. ANDREW JR. Street Address (P.O. Box Number is Not Acceptable) 1414 W. SWANN AVE, SUITE 100 City TAMPA FL Zip Code 33606	
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 <u><i>W. Andrew Krusen</i></u> DATE <u>4/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME MILLER, WILTON STREET ADDRESS 201 SO. MONROE STREET, SUITE 500 CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE MGR NAME MILLER, WILTON STREET ADDRESS 101 N MONROE STREET, SUITE 900 CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME KRUSEN, W. ANDREW JR STREET ADDRESS 712 SOUTH OREGON AVENUE, SUITE 200 CITY-ST-ZIP TAMPA, FL 336062543	<input type="checkbox"/> Delete		TITLE MGR NAME KRUSEN, W. ANDREW, JR. STREET ADDRESS 1414 W. SWANN AVE, SUITE 100 CITY-ST-ZIP TAMPA, FL 33606	<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	
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.					
SIGNATURE: <u><i>W. Andrew Krusen</i></u> W. ANDREW KRUSEN, JR. <u>4/23/06</u> <u>813-837-3009</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MGR Date Daytime Phone #</small>					