## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 10, 2005 8:00 am Secretary of State

DOCUMENT # L04000067560  1. Entity Name KDS, LLC						05-10-2005 90	046 035 ****50	0.00
Principal Place of Business Mailing Address							001	
12538 OLD Jacksonvili	PLANK RD Le, Fl 32220 US	12538 OLD PLANK RD Jacksonville, fl. 32220 US			20058334			
2. Principal P	Place of Business	3. Mailing Address						
		Suite, Apt. #, etc.				METIT BESTI MOTH WHITH ABITE	ARTHU ANNI INDUNI RITTO AISTE A	ELDSI III 1821
Suite, Apt. #, etc.					01272005	Chg-LLC	CR2E083 (10/03	
City & State		City & State		4. FEI Numbe	617652	<b>a</b>	pplied For lot Applicable	
Zip	Country	Zip	Coun	try		of Status Desired	S5.00 Ac	Iditional
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Re	<del> </del>	
SAPP KE	NNETH D			Name				
12538 OLI	D PLANK RD. IVILLE, FL 32220			Street Address	(P.O. Box Numbe	r is Not Acceptable)		
	$\delta_{i,j}$			City	<del>-</del>		<b>□</b>	
B. The above	named entity submits this statement for	the purpose of changing its	renistere		red agent or both	in the State of Flor	F 4.	_
	tions of registered agent.			u <b>-</b>		.,	Total Common Trans	., 4000pt
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signature require	d when rematating)		DATE	
Filing Fee Is \$50.00 Due by May 1, 2005								
							check payable to Department of Sta	te
	we by May 1, 2005  MANAGING MEMBEI	RS/MANAGERS	10.				Department of Sta	te
9. TITLE	MANAGING MEMBER	RS/MANAGERS	TITLE	- L		Florida	Department of Sta	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM SAPP, KENNETH D 12538 OLD PLANK RD		TITLE NAM STRE	E ET ADORESS		Florida	Department of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM SAPP, KENNETH D	☐ Delete	TITLE NAM STRE City	E Et adoress -St-Zip		Florida	Department of Sta	Addition
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SIGNATURE: KONTON DE DE LENNETH DE SAPP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, NAMAGER, OR AUTHORIZED REPRESENTATIVE