


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90035 043 ****50.00

DOCUMENT # L04000069424 1. Entity Name KDC ENTERPRISES, LLC					
Principal Place of Business 1504 ROSADA WAY FORT MYERS, FL 33901			Mailing Address 1504 ROSADA WAY FORT MYERS, FL 33901		
2. Principal Place of Business <div style="text-align: center; font-size: 1.5em;"><i>NA</i></div>		3. Mailing Address <div style="text-align: center; font-size: 1.5em;"><i>NA</i></div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <div style="text-align: center; font-size: 1.2em;"><i>20-1669367</i></div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOER-MARTIN, DEBORAH 1504 ROSADA WAY FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name <div style="text-align: center; font-size: 1.5em;"><i>NA</i></div> Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: center; font-size: 1.2em;">FL</div> Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<div style="text-align: center; font-size: 1.2em;"><i>Co-Operating Manager/Manager</i></div> <div style="text-align: center; font-size: 1.2em;"><i>Deborah Loer-Martin</i></div>			<div style="text-align: center; font-size: 1.2em;"><i>Address (see above)</i></div>		
<div style="text-align: center; font-size: 1.2em;"><i>Co-Operating Manager/Manager</i></div> <div style="text-align: center; font-size: 1.2em;"><i>Kurt T. Martin</i></div>			<div style="text-align: center; font-size: 1.2em;"><i>Address (see above)</i></div>		
<div style="text-align: center; font-size: 1.2em;"><i>Address (see above)</i></div>			<div style="text-align: center; font-size: 1.2em;"><i>Address (see above)</i></div>		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Deborah Loer-Martin</i>			4/18/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		