

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90205 044 \*\*\*138.75

**DOCUMENT # L04000084962**

1. Entity Name  
KP FLATS, LLC



Principal Place of Business  
4910 E. LAKE DRIVE  
WINTER SPRINGS, FL 32708

Mailing Address  
4910 E. LAKE DRIVE  
WINTER SPRINGS, FL 32708

**60014907**



03052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FULFORD, WM. PATRICK ESQ  
145 N. MAGNOLIA AVENUE  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**3-5-08**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FULFORD, KATHRYN K 4910 E. LAKE DRIVE WINTER SPRINGS, FL 32708
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**DO NOT WRITE  
IN THIS SPACE**

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:

*Kathryn K. Fulford*

**3-5-08**

**407-696-2166**

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

Date

Daytime Phone #