## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Jan 16, 2008 08:00 AN Secretary of State **DOCUMENT # L05000012406** 1. Entity Name KGP, LLC Principal Place of Business Mailing Address J. VINCENT BOYLE, TRUSTEE J. VINCENT BOYLE, TRUSTEE 700-20TH STREET 700-20TH STREET VERO BEACH, FL 32960 VERO BEACH, FL 32960 01042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-6311463 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYLE, VINCENT J DO NOT WRITE 700 20TH ST VERO BEACH, FL. 32960 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 aignature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BOYLE, J. VINCENT TRUSTEE NAME 700-20TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP