

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90298 013 ****50.00

DOCUMENT # L05000028104

1. Entity Name
KW26 LLC



Principal Place of Business
1001 EAST ATLANTIC AVENUE
SUITE 202
DELRAY BEACH, FL 33483

Mailing Address
1001 EAST ATLANTIC AVENUE
SUITE 202
DELRAY BEACH, FL 33483

20018438



2. Principal Place of Business

3. Mailing Address

1000 Market Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Rossmore, NH

Zip

Country

Zip

Country

03801

01242006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

01-0833489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRITCHFIELD, RICHARD H
1001 EAST ATLANTIC AVENUE
SUITE 201
DELRAY BEACH, FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Richard C. Ade
1000 Market Street
Rossmore, NH 03801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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:

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

Date

Daytime Phone #

Richard C. Ade Manager

1/24/06 (603) 559-2100