

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90263 027 ***138.75

DOCUMENT # L05000032920	
1. Entity Name KDC HOLDINGS, LLC	

Principal Place of Business C/O 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433 US	Mailing Address C/O 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433 US
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2. Principal Place of Business - No P.O. Box # c/o 390 North Orange Ave.	3. Mailing Address c/o 1204 Suncast Lane
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Suite, Apt. #, etc. Suite 1400	Suite, Apt. #, etc. Suite 2
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City & State Orlando, FL	City & State El Dorado Hills, CA
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Zip 32801	Country U.S.	Zip 95762	Country U.S.
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4. FEI Number 20-2824833	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MORRIS, STUART R ESQ. 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433	7. Name and Address of New Registered Agent Name Anthony Palma Street Address (P.O. Box Number is Not Acceptable) 390 North Orange Ave. Suite 1400 City Orlando FL Zip Code 32801
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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 2/12/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MILLWOOD, RENA S MANAGER 5450 PINE FOREST RD. GAINESVILLE GA 30504 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JONES, NICOLE D MANAGER 2931 GREY MOSS PASS DULUTH GA 30097 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 file this report as required by Chapter 609, Florida Statutes.

SIGNATURE: Nicole D. Jones 3-11-08

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