2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 24, 2007 8:00 am Secretary of State

DOCUMENT # L05000050910 1. Entity Name KGDL, LLC					08-24-2007 90045 023 ****50.00			
Principal Place of Business 500 SEABRIGHT AVE SUITE 105 SANTA CRUZ, CA 95062		Mailing Address 500 SEABRIGHT AVE SUITE 105 SANTA CRUZ, CA 95062		1 (97)(1))	# 	DI BENEK BENK BELITA ESKEL KELIT BET	M M M M	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07022007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb 20-300			plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Current R	legistered Agent		7. Name an	d Address of New R	Registered Agent		
			Name					
PRACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303		Street Address (F		ess (P.O. Box Numl	oer is Not Acceptable	е)		
					······································			
			City	City		FL Zip Code	θ	
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 ar	nd title if applicable. (NOTE, I	Registered Agent agnature re	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 14, 2007					Make check payable to Florida Department of State			
Due t	ling Fee is \$50.00 by September 14, 2007						•	
Due t	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMBER	RS/MANAGERS	. 10.			a Department of State	•	
		RS/MANAGERS	10.		Florida	a Department of State	Addition	
9. TITLE NAME	MANAGING MEMBER MGRM KAY, ANDY				Florida	a Department of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM KAY, ANDY 4140 COURB DRIVE		TITLE NAME STREET ADDRESS		Florida	a Department of State		
9. TITLE NAME	MANAGING MEMBER MGRM KAY, ANDY 4140 COURB DRIVE SANTA CRUZ, CA 95042	☐ Delete	TITLE NAME		Florida	a Department of State /CHANGES Change		
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	MANAGING MEMBER MGRM KAY, ANDY 4140 COURB DRIVE SANTA CRUZ, CA 95042 MGRM		TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE		Florida	a Department of State		
9. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	MANAGING MEMBER MGRM KAY, ANDY 4140 COURB DRIVE SANTA CRUZ, CA 95042 MGRM DEDIEGO, BRIAN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	a Department of State /CHANGES Change	Addition	
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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 on the repeiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Peter Gaeckle 8/21/2007 (831) 400 - 0202 SIGNATURE AND TYPED OR PRINTERHANE OF EDMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Devision Priories