


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90082 016 ***138.75

DOCUMENT # L05000053388					
1. Entity Name KEGB, LLC					
Principal Place of Business 2202 NORTH WEST SHORE BOULEVARD SUITE 200 TAMPA, FL 33607 US			Mailing Address 2202 NORTH WEST SHORE BOULEVARD SUITE 200 TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 403 E. Madison St. Suite, Apt. #, etc. Ste. 400			
Suite, Apt. #, etc.		City & State Tampa, FL			
City & State		Zip 33602		Country USA	
Zip		Country		4. FEI Number 20-3012532	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EICHOLTZ, KIRK D ESQUIRE 2202 NORTH WEST SHORE BOULEVARD SUITE 200 TAMPA, FL 33607			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTIAN TYLER PROPERTIES, LLC 2202 NORTH WEST SHORE BOULEVARD, SUITE 200 TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Guy M. Burns</u> <u>July 18, '08</u> <u>813-225-2500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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