

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90306 001 \*\*\*\*50.00

**DOCUMENT # L05000062888**

1. Entity Name

K & D GROVE PROPERTIES, LLC



Principal Place of Business

9621 SPRING HILL DRIVE  
ANCHORAGE, AK 99507

Mailing Address

9621 SPRING HILL DRIVE  
ANCHORAGE, AK 99507

**DO NOT WRITE IN THIS SPACE**



07122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3137860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RUSSELL, JEFFREY S  
240 S. PINEAPPLE AVE., 9TH FLOOR  
SARASOTA, FL 34236

**DO NOT WRITE  
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 signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RAPOPORT, DOV  
9621 SPRING HILL DRIVE  
ANCHORAGE, AK 99507

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RAPOPORT, KATHLEEN  
9621 SPRING HILL DRIVE  
ANCHORAGE, AK 99507

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DOV Rapoport  
(231) 263-6000

7/11/07