
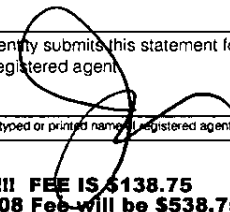
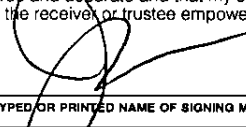


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90514 004 ***138.75

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3137860	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name John N. Bruegger Street Address (P.O. Box Number is Not Acceptable) 600 Fifth Ave So, Ste 207 City Naples FL Zip Code 34102		
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  DATE 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPOPORT, DOV 9621 SPRING HILL DRIVE ANCHORAGE, AK 99507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPOPORT, KATHLEEN 9621 SPRING HILL DRIVE ANCHORAGE, AK 99507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPOPORT, KATHLEEN 9621 SPRING HILL DRIVE ANCHORAGE, AK 99507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPOPORT, KATHLEEN 9621 SPRING HILL DRIVE ANCHORAGE, AK 99507	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPOPORT, KATHLEEN 9621 SPRING HILL DRIVE ANCHORAGE, AK 99507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPOPORT, KATHLEEN 9621 SPRING HILL DRIVE ANCHORAGE, AK 99507	<input type="checkbox"/> Delete			
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:  John N. Bruegger Authorized Representative (239) 263-6000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date 4/30/08 Daytime Phone #					

