

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063958

Entity Name: KDK RESORT PROPERTIES, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

1105 EAST CONCORD STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1105 EAST CONCORD STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-3062838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, ROBERT H JR.
412 6TH STREET
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOLLIVER, DONNA
Address: 1105 EAST CONCORD STREET
City-St-Zip: ORLANDO, FL 32803

Title: MGRM () Delete
Name: GREEN, KELLY
Address: 1105 EAST CONCORD STREET
City-St-Zip: ORLANDO, FL 32803

Title: MGRM () Delete
Name: JENNINGS, MARGARET K
Address: 1105 EAST CONCORD STREET
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MOORMAN, KELLY G
Address: 1105 EAST CONCORD STREET
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONNA TOLLIVER

MGRM

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date