2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# L05000074188

Entity Name: KIDI'S LAND L.L.C.

Current Principal Place of Business:

C/O BETTY N. DAL BON
13207 CHATTANOOGA LN
ORLANDO, FL 32837

New Principal Place of Business:

13207 CHATTANOOGA LN
ORLANDO, FL 32837 US

Current Mailing Address:

C/O BETTY N. DAL BON
13207 CHATTANOOGA LN
ORLANDO, FL 32837

New Mailing Address:

13207 CHATTANOOGA LN
ORLANDO, FL 32837 US

FEI Number: 20-4351133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAL BON, BETTY N
13207 CHATTANOOGA LN
ORLANDO, FL 32837 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: MGR ( ) Delete
Name: DAL BON, BETTY N
Address: 13207 CHATTANOOGA LN
City-St-Zip: ORLANDO, FL 32837

Title: MGR ( ) Delete
Name: DAL BON, FRANCO
Address: 13207 CHATTANOOGA LN
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DAL BON, BETTY N
Address: 13207 CHATTANOOGA LN
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR (X) Change ( ) Addition
Name: DAL BON, FRANCO
Address: 13207 CHATTANOOGA LN
City-St-Zip: ORLANDO, FL 32837 US

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: FRANCO DAL BON MGR 03/12/2008

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