2008 LIMITED LIABILITY COMPANY

FILED Apr 18, 2008 08:00 A ate

ANNUAL REPORT			Secretary of Sta	
DOCUMENT # L05000075670 1. Entity Name KGLT, LLC			560	cretary or St
Principal Place of Business 100 N. WASHINGTON BLVD., SUITE 301 SARASOTA, FL 34236 Mailing Address 100 N. WASHINGTON BLVD., SUITE 301 SARASOTA, FL 34236		ITE 301		# (#40), ##IL 000 (04), 04(f), #1,40)
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DO NOT WRITE IN THIS SPACE			01162008No Chg-LLC	
		اسا کِ	4. FEI Number 20-3244709	Applied For Not Applicable
			5. Certificate of Status Desired	S5.00 Additional Fee Required
6. Name and Address of 0	current Registered Agent			
PALERMO, GEORGE L 100 N. WASHINGTON BLVD., SUITE 301 SARASOTA, FL 34236			DO NOT WR	
	ment for the purpose of changing its registered	d office or register	red 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 register	red agent and little if applicable. (NOTE, Registered	Agent signature required	d when reinstaling)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			000000307444 05/05/08-80038-017 138.75	
	MEMBERS/MANAGERS	;	t	
NAME PALERMO, GEORGE L STREET ADDRESS 100 N. WASHINGTON BL CITY-ST-ZIP SARASOTA, FL 34236	VD., SUITE 301		:	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			; ;	
HILE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WR	RITE
TITLE NAME STREET ADDRESS CITY - 51 - 2IP			IN THIS SPA	CE
TILLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				٠.

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 gnature 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 employees 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

STREET ADDRESS CITY-ST-ZIP