


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90077 015 \*\*\*138.75

<b>DOCUMENT # L05000079229</b>	
1. Entity Name THE KW LAND GROUP, LLC	

Principal Place of Business 701 BAYSHORE BLVD. TAMPA, FL 33606	Mailing Address 701 BAYSHORE BLVD. TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box # 701 Bayshore Blvd.	3. Mailing Address 701 Bayshore Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State Tampa, FL
Zip 33606	Zip 33606
Country USA	Country USA

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WARD, KEN 701 BAYSHORE BLVD. TAMPA, FL 33606	
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7. Name and Address of New Registered Agent Name: Margie Ward Street Address (P.O. Box Number is Not Acceptable): 339 Glen Oaks Ave. City: Temple Terrace FL Zip Code: 33617	
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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: *Margie Ward*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2.11.08

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, KEN 701 BAYSHORE BLVD. TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Margie Ward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2.11.08

Date

813  
988  
6703

Daytime Phone #