2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092025

Name:

Address:

City-St-Zip:

P.O. BOX 784013

WINTER GARDEN, FL 34778

Entity Name: KTS COLLABORATIVE, LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17261 HEARTWOOD LOOP WINTER GARDEN, FL 34787 US **Current Mailing Address: New Mailing Address:** P. O. BOX 784013 WINTER GARDEN, FL 34778 US FEI Number: 02-0750922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHEATON, KEITH WHEATON, KEITH BOX 784013 17261 HEARTWOOD LOOP WINTER GARDEN, FL 34787 US WINTER GARDEN, FL 34778 US 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: KEITH WHEATON 05/01/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete WHEATON, KEITH Name: Name: Address: P.O. BOX 784013 Address: City-St-Zip: WINTER GARDEN, FL 34778 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WHEATON, TONI Name: Address: P.O. BOX 784013 Address: City-St-Zip: WINTER GARDEN, FL 34778 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WHEATON, SAMANTHA Name: Name: Address: P.O. BOX 784013 Address: City-St-Zip: WINTER GARDEN, FL 34778 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition INGRAM, MARIA

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KEITH WHEATON 05/01/2009