2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 04, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam KEFCOE		1114	S. W. S. S.			06-04-2007 9	90452 037 ****50	0.00
Principal Place of Business		Mailing Address						
13601 MCCORMICK DRIVE Tampa, FL 33626		13601 MCCORMICK DRIVE TAMPA, FL 33626						
IAWIFA, FL.	33020	TAINI A, TE 33020				ı Bene Gnil Dâlil Belli Bel	II BEIII ETIEI ((ETI)/TH) (1811 EI	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_				
Suite, Apt.	π, σισ.				05302007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number	627685		pplied For ot Applicable	
Zip Country ,		Zip Country		5. Certificate	of Status Desired	S5.00 Ad		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	 	
HAMII TOI	N, THEODORE J	Name				_		
1010 N. FL TAMPA, F	LORIDA AVE.	Street Address		(P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33002							
	• 1,		(City			FL Zip Coo	ie
8. The above the obligate SIGNATURE	named entity submits this statement fi tions of registered agent.		s registered o	office or registe	red agent, or bo	th, in the State of Flo		and accept
	Signature, typed or printed name of registered agen	and title if applicable. (NOT	TF. Registered Ag	gent signature require	d when reinstating)		DATE	
Fil Due t	ling Fee is \$50.00 by September 14, 2007	and tritle if applicable. (NOT	TF. Registered Ag	gent signature require	d when reinstating)		DATE te check payable to a Department of State	te
9.	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMB	ERS/MANAGERS	10.	gent signature require	d when reinstating)		e check payable to a Department of Stat	
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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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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