


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90119 027 \*\*\*\*50.00

<b>DOCUMENT # L06000001205</b>			
1. Entity Name KG & RD DEVELOPERS, LLC			
Principal Place of Business 173 RED MAPLE WAY NICEVILLE, FL 32578		Mailing Address 173 RED MAPLE WAY NICEVILLE, FL 32578	
2. Principal Place of Business - No P.O. Box 415 Marina Pointe Dr Suite, Apt. #, etc.		3. Mailing Address 415 Marina Pointe Dr Suite, Apt. #, etc.	
City & State Niceville FL		City & State Niceville FL	
Zip 32578		Country USA	
4. FEI Number 20-4057126		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent D. MICHAEL, CHESSER 1201 EGLIN PARKWAY SHALIMAR, FL 32579		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKINNER, RANDALL K 173 RED MAPLE WAY NICEVILLE, FL 32578 <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: <u>Randall Skinner</u>		Date: <u>3-29-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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FL Zip Code

850-678-4221