

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90440 047 \*\*\*\*50.00

<b>DOCUMENT # L06000038551</b>					
<b>1. Entity Name</b> KAYA DEVELOPMENT GROUP LLC					
<b>Principal Place of Business</b> 355 POLK AVENUE, APT. 8 CAPE CANAVERAL, FL 32920			<b>Mailing Address</b> 355 POLK AVENUE, APT. 8 CAPE CANAVERAL, FL 32920		
<b>2. Principal Place of Business - No P.O. Box #</b> 410 San Cristobal Ct.		<b>3. Mailing Address</b> 410 San Cristobal Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202007    Chg-LLC    CR2E083 (12/06)	
<b>City &amp; State</b> Merritt Island, FL		<b>City &amp; State</b> Merritt Island, FL		<b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For Not Applicable	
<b>Zip</b> 32953		<b>Country</b> United States		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> KAYA, GEORGE 2653 TERRI LANE COCOA, FL 32926	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	410 San Cristobal Ct. Merritt Island, Florida 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> KAYA, ELIZABETH R 2653 TERRI LANE COCOA, FL 32926	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	410 San Cristobal Ct. Merritt Island, Florida 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> KAYA, GARRY W 2653 TERRI LANE COCOA, FL 32926	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	410 San Cristobal Ct. Merritt Island, Florida 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Garry W. Kaya</i> <span style="float: right;">Date: 3/29/07    Daytime Phone #: (321) 799-5459</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					