

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90035 003 \*\*\*\*50.00

<b>DOCUMENT # L06000041827</b> 1. Entity Name KC PROJECT DEVELOPMENT, LLC <div style="text-align: right; margin-top: 5px;"><i>PO BOX 6478</i></div>				 <div style="position: absolute; right: 0; top: 0; font-size: 24px; font-weight: bold;">60055883</div>	
Principal Place of Business 300 SHEOAH BLVD., #1208 WINTER SPRINGS, FL 32708		Mailing Address 300 SHEOAH BLVD., #1208 WINTER SPRINGS, FL 32708			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-4754965</div> <div style="float: right; text-align: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05092007    Chg-LLC    CR2E083 (12/06)			
6. Name and Address of Current Registered Agent  FEOLA, KENDRA 300 SHEOAH BLVD., #1208 WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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: <i>[Signature]</i> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEOLA, KENDRA 300 SHEOAH BLVD., #1208 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEOLA, KENDRA 300 SHEOAH BLVD., #1208 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEOLA, KENDRA 300 SHEOAH BLVD., #1208 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEOLA, KENDRA 300 SHEOAH BLVD., #1208 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete			
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>SIGNATURE:</b> <i>[Signature]</i> Date: _____      Daytime Phone: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					