## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L06000045609

1. Entity Name KILGORE REALTY LLC



Principal Place of Business

1218 MAIN STREET CHIPLEY, FL 32428 Mailing Address

1218 MAIN STREET CHIPLEY, FL 32428

## **FILED** Mar 13, 2008 08:00 A Secretary of State



02292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4806361

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KILGORE, JOHN D 1218 MAIN STREET CHIPLEY, FL 32428

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| SIGNÁTURE.   | Signature, typed or printed name of registered agent and title if applicable (NO1E, Reg   | stered Agent signature required when reinstating)  | DATE   |
|--|---|--|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75   |   |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>KILGORE, JOHN D<br>1218 MAIN STREET<br>CHIPLEY, FL 32428   |  |  |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | U00000857188<br>03/31/08-80003-017 138.75  |
| TITLE<br>NAME  |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   | DO   | NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | IN   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | district of the second of the  |  |
| NAME   | A CARROLL AND THE PROPERTY OF |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   | The second of th | and the second s |
| 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. |   |  |  |

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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