

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055597

FILED
Apr 24, 2007
Secretary of State

Entity Name: KPC HOLDING COMPANY, LLC

Current Principal Place of Business:

2246 B EAST MAIN ROAD
PORTSMOUTH, RI 02871

New Principal Place of Business:

756 KELLSTADT STREET
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2246 B EAST MAIN ROAD
PORTSMOUTH, RI 02871

New Mailing Address:

756 KELLSTADT STREET
PORT CHARLOTTE, FL 33952

FEI Number: 20-5088701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, W. KEVIN
14295 S. TAMiami TRAIL
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CROTTEAU, PHILIP
Address: 2246 B EAST MAIN ROAD
City-St-Zip: PORTSMOUTH, RI 02871

Title: MGR () Delete
Name: PINEAULT, KAREN A
Address: 2246 B EAST MAIN ROAD
City-St-Zip: PORTSMOUTH, RI 02871

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CROTTEAU, PHILIP M
Address: 756 KELLSTADT STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR (X) Change () Addition
Name: PINEAULT, KAREN A
Address: 756 KELLSTADT STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP M. CROTTEAU

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date