


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90361 042 ****50.00

DOCUMENT # L06000056477 1. Entity Name KDK FRAMING, LLC																																															
Principal Place of Business 27619 65TH ROAD BRANFORD FL 32008 US			Mailing Address 27619 65TH ROAD BRANFORD FL 32008 US																																												
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 20-4974205 Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)																																											
6. Name and Address of Current Registered Agent KESTERKE, KIM D 27619 65TH ROAD BRANFORD FL 32008																																															
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 reinstating)</small> DATE _____																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 55%; padding: 2px;"> MGRM KESTERKE, KIM D 27619 65TH ROAD BRANFORD FL 32008 </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"> MGRM CEVAEAR, GLENN G 2703 US HIGHWAY 27 BRANFORD FL 32008 </td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"> MGRM SLATER, ADAM P 3980 284TH TERRACE BRANFORD FL 32008 </td> <td style="padding: 2px; text-align: right;"> <input checked="" type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KESTERKE, KIM D 27619 65TH ROAD BRANFORD FL 32008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CEVAEAR, GLENN G 2703 US HIGHWAY 27 BRANFORD FL 32008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SLATER, ADAM P 3980 284TH TERRACE BRANFORD FL 32008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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	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	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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Kim Kesterke</i></u> <u>4/29/07</u> <u>(386) 854-0317</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																															