


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90040 035 \*\*\*138.75

DOCUMENT # L06000071323	
1. Entity Name KKG ASSET MANAGEMENT LLC	

Principal Place of Business 2910 BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629	Mailing Address 2910 BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629
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2. Principal Place of Business - No P.O. Box # <u>3410 Henderson Blvd.</u>	3. Mailing Address <u>3410 Henderson Blvd.</u>
Suite, Apt. #, etc. <u>200</u>	Suite, Apt. #, etc. <u>200</u>

City & State <u>Tampa FL</u>	City & State <u>Tampa FL</u>
Zip <u>33609</u>	Country <u>USA</u>

00000010



04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8379163	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  KENNEDY, JOSEPH A 2910 BAY TO BAY SUITE 200 TAMPA, FL 33629	
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7. Name and Address of New Registered Agent Change  
Name Joseph Kennedy  
Street Address (P.O. Box Number is Not Acceptable) 3410 Henderson Blvd, #200  
City Tampa FL Zip Code 33609

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 _____
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, JOSEPH A 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa FL 33609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, DAVID A 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa FL 33609</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, WILLIAM L 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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

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.

SIGNATURE: <u>[Signature]</u>	4-23-08	813-554-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #