2008 LIMITED LIABILITY COMPANY

	ANNUAL REPORT	
DOCUMENT	# L06000100177	
f. Entity Name		
KEVČTANE DDAD	EDTICO LI C	



Principal Place of Business

Mailing Address

11873 OLDE OAKS COURT JACKSONVILLE, FL 32223 11873 OLDE OAKS COURT JACKSONVILLE, FL 32223 FILED
May 01, 2008 08:00 AN
Secretary of State



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-8186879		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional guired

terre de la compaño de l

LAYNE, THAD 11873 OLDE OAKS COURT JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

our and out of the law to the top of the c

	amed entity submits this statement for the purpose of chans of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	gnalure, typed or printed name of registered agent and like if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000936948 05/27/08-80030-013 138.75
9.	MANAGING MEMBERS/MANAGERS	والمناف المناف	a gun garbintan e Sengi gi japan e ja

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LAYNE, THAD
STREET ADDRESS	11873 OLDE OAKS COURT
CITY-SI-ZIP	JACKSONVILLE, FL 32223
TITLE .	MGRM
NAME	LAYNE, PATSY
STREET ADDRESS	11873 OLDE OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the ex-

DO NOT WRITE IN THIS SPACE

That you to be a figure between your percent

11. I hereby certify that the information supplied with this filling 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: Latay Layne

Patsy Layne

4-28-08

904-296-1116

Date .

Daytime Phone #