

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115280

FILED
Jul 29, 2007
Secretary of State

Entity Name: KTD LLC

Current Principal Place of Business:

451 MALLARD LANE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

451 MALLARD LANE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-5900018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BIRAN C. HERNDON, PA
8418 S US HWY 1
LAKES PLAZA
PORT ST LUCIE, FL 34952 US

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: MGRM () Delete
Name: R. & B. WALLACE, INC,
Address: 451 MALLARD LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: WALLACE, RON
Address: 451 MALLARD LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: WALLACE, BEV
Address: 451 MALLARD LANE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BEV WALLACE

MGRM

07/29/2007

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