

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008148

FILED
Feb 07, 2008
Secretary of State

Entity Name: KDL INVESTMENTS OF FLORIDA LLC

Current Principal Place of Business:

4504 RIVER OVERLOOK DRIVE
VALRICO, FL 33594

New Principal Place of Business:

11401 N. DALE MABRY HWY
TAMPA, FL 33618

Current Mailing Address:

P.O. BOX 6104
BRANDON, FL 33508

New Mailing Address:

11401 N. DALE MABRY HWY
TAMPA, FL 33618

FEI Number: 22-3953302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KUCK, WALTER A III
11401 N. DALE MABRY HWY
TAMPA, FL 33618 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: WALTER A. KUCK III

02/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUCK, WALTER A III
Address: 4504 RIVER OVERLOOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGR () Delete
Name: CUNNINGHAM, DELON
Address: 4504 RIVER OVERLOOK DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: CUNNINGHAM, DELON
Address: P O BOX 10712
City-St-Zip: TAMPA, FL 33679

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: WALTER A KUCK III

MGR

02/07/2008

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