2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000019326

Entity Name: KPZS, LLC

Current Principal Place of Business:

2280 AVOCADO STREET
SUITE 7
MELBOURNE, FL 32935 US

New Principal Place of Business:

2280 AVOCADO AVENUE
SUITE 7
MELBOURNE, FL 32935 US

Current Mailing Address:

2280 AVOCADO STREET
SUITE 7
MELBOURNE, FL 32935 US

New Mailing Address:

2280 AVOCADO AVENUE
SUITE 7
MELBOURNE, FL 32935 US

FEI Number: 20-8480128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUPRE, PAUL R JR.
3295 WESTLAND ROAD
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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: DUPREE, PAUL R JR.
Address: 3295 WESTLAND ROAD
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM ( ) Delete
Name: DUPREE, KRISTINA L
Address: 3295 WESTLAND ROAD
City-St-Zip: MELBOURNE, FL 32934 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DUPRE, PAUL R JR.
Address: 3295 WESTLAND ROAD
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM (X) Change ( ) Addition
Name: DUPRE, KRISTINA L
Address: 3295 WESTLAND ROAD
City-St-Zip: MELBOURNE, FL 32934 US

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: PAUL R. DUPRE, JR. MGRM 04/28/2008

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