

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056548

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: KW MANAGEMENT GROUP, LLC

## Current Principal Place of Business:

11330 ST. JOHNS INDUSTRIAL PARKWAY  
SUITE #3  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

## Current Mailing Address:

11330 ST. JOHNS INDUSTRIAL PARKWAY  
SUITE #3  
JACKSONVILLE, FL 32246

## New Mailing Address:

FEI Number: 26-0279691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRASZESKI, PAUL  
11330 ST. JOHNS INDUSTRIAL PARKWAY  
SUITE 3  
JACKSONVILLE, FL 32246 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: KRASZESKI, PAUL  
Address: 96146 BLACKROCK HAMMOCK DR  
City-St-Zip: YULEE, FL 32097

Title: MGRM ( ) Delete  
Name: KRASZESKI, PAMELA  
Address: 96146 BLACKROCK HAMMOCK DR  
City-St-Zip: YULEE, FL 32097

Title: MGRM ( ) Delete  
Name: WILKINSON, DAVID  
Address: 85037 CHERRY CREEK DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete  
Name: WILKINSON, SUZANNE  
Address: 85037 CHERRY CREEK DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KRASZESKI, PAUL  
Address: 14815 E. SANDSTONE CT.  
City-St-Zip: FOUNTAIN HILLS, AZ 85268

Title: MGRM (X) Change ( ) Addition  
Name: KRASZESKI, PAMELA  
Address: 14815 E. SANDSTONE CT.  
City-St-Zip: FOUNTAIN HILLS, AZ 85268

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: SUZANNE WILKINSON

MGRM

01/15/2009

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