2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-01-2008 90063 010 ***138.75
03-14-2008 90205 045 ***138.75

DOCUMENT # L07000121111

1. Entity Name
KCL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
7900 MIDNIGHT PASS RD. SARASOTA FL 34242	7900 MIDNIGHT PASS RD. SARASOTA FL 34242

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6022 11th STREET WEST	303 FELLOWSHIP RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 101
City & State BRADENTON, FL	City & State MT. LAUREL NJ
Zip 34207 Country USA	Zip 08054 Country USA

4. FEI Number 26-1586388 ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIORDANO, JOHN N
220 S. FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MANAGER	TITLE	
NAME	RICHARD A. PALKO	NAME	
STREET ADDRESS	129 W. CONTENNIAL DR.	STREET ADDRESS	
CITY-ST-ZIP	MEDFORD NJ 08055 ☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RICHARD A. PALKO MANAGER 3/4/08 856-727-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #