


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90319 009 \*\*\*138.75

<b>DOCUMENT # L98000002542</b> 1. Entity Name <b>KILCOYNE PROPERTIES L.L.C.</b>					
Principal Place of Business <b>11780 TAMPA GATEWAY BLVD SEFFNER, FL 33584</b>			Mailing Address <b>P.O. BOX 16379 TAMPA, FL 33687</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>11780 Tampa Gateway Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>BLVD</b>			
City & State		City & State <b>SEFFNER FL</b>			
Zip	Country	Zip <b>33584</b>	Country <b>USA</b>	4. FEI Number <b>59-3543506</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WHITAKER, DANIEL D CAREY, O'MALLEY, WHITAKER &amp; MANSON, P.A. 712 S. OREGON AVENUE TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR KILCOYNE, DAVID F 11780 TAMPA GATEWAY BLVD SEFFNER, FL 33584</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: <u>David F Kilcayne</u> <u>David F Kilcayne</u> <u>4/16/08</u> <u>813-980-3673</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					